ONCOLOGY THERAPEUTICS NETWORK

NEW!

Save Time and Money With The Network Rewards Program

Network Rewards is a program that will provide your practice with pricing assurance on 10 multi-source products every time you order. Unlike specials that are only in effect for a week or a month, the Network Rewards program utilizes a unique "Quartile Pricing" concept that provides competitive pricing over time, eliminating the need to "shop" for the best price. Oncology Therapeutics Network (OTN) does the work for you.

Here are the products included in the program:

DRUG	MANUFACTURER
Blenoxane®	Bristol-Myers Squibb
Lyophilized Cytoxan®	Bristol-Myers Squibb
Mutamycin®	Bristol-Myers Squibb
Rubex®	Bristol-Myers Squibb
VePesid® for Injection	Bristol-Myers Squibb
Adriamycin PFS™	Pharmacia & Upjohn
Leucovorin	Immunex
Methotrexate	Immunex
Vinblastine	Fujisawa
Vincasar®	Pharmacia & Upjohn

How The Network Rewards Program Works

Quartile Pricing

For each drug in the Network Rewards program, we have reviewed the pricing of all OTN customers in the nation. These prices were then divided into quartiles defined as the high quartile, medium high quartile, medium low quartile and low quartile.

Network Rewards Program Pricing

To begin the program, we will compare your practice's pricing to the quartile pricing. Any price currently paid by your practice that is above the Network Rewards price will be lowered to the Network Rewards price. Any price currently paid to OTN by your practice that is below the Network Rewards price will remain in place. OTN will provide a report to your practice listing all of your current program prices. Using this method, your practice is assured of pricing that is within the lowest quartile on all Network Rewards products.

Choose 7 out of 10 Products

To participate in the Network Rewards program, you must buy at least 7 of the 10 Network Rewards products from OTN. Multiple sizes of the same product do not count as additional products. A simple enrollment form can be faxed to OTN to start your practice on the program.

Going Forward

OTN will review Network Rewards pricing on a monthly basis and compare Network Rewards prices with the lowest prices paid by all OTN customers during that same month. We will, if necessary, automatically lower your pricing going forward to represent pricing comparable with those of OTN customers in the low quartile. A report of your practice's current pricing will be faxed to you each month to keep you abreast of any changes.

The Network News is distributed by Oncology Therapeutics Network Corporation.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Stasia Lord, Editor, The Network News; Oncology Therapeutics Network, 395 Oyster Point Blvd., Suite 405, So. San Francisco, CA 94080.

Printed on recycled paper.

ONCOLOGY THERAPEUTICS NETWORK

Network Rewards Benefits

Save Money with the Assurance of Market Competitive Prices

As part of Network Rewards, we proactively review the best prices of all OTN customers and load them into our pricing files for your practice. When your practice places an order, you are automatically assured of the most current competitive prices on Network Rewards products of all OTN customers in the nation.

Save Time by Receiving Discounts Up-Front

Many practices report that they spend too much time "shopping" for the best prices. This is time that could be spent with patients. With Network Rewards, your practice is assured of our most competitive pricing without making time-consuming phone calls or watching for fax specials.

Avoid Worry with Price Protection on Your Multi-Source Drug Purchases

Network Rewards gives you the confidence that your pricing is protected on the majority of your multi-source drug purchases.

Early Payment Discounts

In addition to the low pricing your practice will receive as a participant in the Network Rewards program, OTN also offers an additional 1% and 2% discount for early payment. Or, you may choose to extend your payment to Net 75 Days or pay by credit card. Your practice may choose from the following four payment terms options:

- ✓ 1% 30, Net 60 Days
- ✓ 2% Upon Receipt of Order
- ✓ Net 75 Days
- ✓ Credit Card, Upon Receipt of Order

Hassle-free, Low Pricing on Your Multi-Source Drug Budget

Network Rewards pricing, coupled with discounted payment terms, assure your practice of the most competitive prices of all OTN customers in the nation on your multi-source drug purchases. Your practice will receive these benefits without the worry and hassle of price shopping.

**Buyer acknowledges that it is responsible for fully and accurately reporting to the reimbursing agency any discounts described above on any item that is separately charged for payment under Medicare, Medicaid or any other federally funded state healthcare plan. Buyer also acknowledges that upon request by the Department of Health and Human Services or a state healthcare agency, it is responsible for providing the requesting agency with information regarding such discounts.*

For more information on how your practice can start saving time and money with the Network Rewards Program, a copy of the current Network Rewards Price List and a Network Rewards enrollment form, contact your OTN account representative at

1-800-482-6700.

Network Dollars Program Ends December 31, 1997

For over three years, the Network Dollars program has provided savings to Oncology Therapeutics Network's (OTN) customers when they purchased products from OTN. Orders for the following five products placed on or before December 31, 1997, will earn Network Dollars:

- ◆ Blenoxane®
- ◆ Lyophilized Cytoxan®
- ◆ Mutamycin®
- ◆ Rubex®
- ◆ VePesid® for Injection

After December 31, 1997, a new program, called "Network Rewards" will be in effect (see *article at left*). If you would like more information sent or faxed to you regarding the Network-Rewards program, please call 1-800-482-6700 and ask to speak to the account representative for your area.

Thank you for your participation in the Network Dollars program.

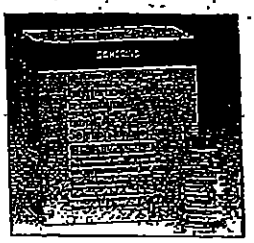
DS

ONCOLOGY THERAPEUTICS NETWORK

Schering

Intron® A — HSA-Free —and— Original Formulation

(interferon Alfa-2b, recombinant)*



OTN offers Intron A in the following sizes and formulations:

OTN NUMBER	NDC	HCPCS CODE	ITEM	SIZE	QTY/UNIT	UNIT PRICE
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$30.40
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$50.70
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$182.40
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$253.15

OTN NUMBER	NDC	HCPCS CODE	ITEM	SIZE	QTY/UNIT	UNIT PRICE
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$30.40
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$50.70
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$101.30

Paks include six vials, six syringes, and six alcohol swabs

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

ORIGINAL FORMULATION** OTN NUMBER	NDC	HCPCS CODE	ITEM	SIZE	QTY/UNIT	UNIT PRICE
220-150	0085-0647-03	J9214	Intron A powder	3 MIU/MDV	1	$30.40
220-160	0085-0120-02	J9214	Intron A powder	5 MIU/MDV	1	$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	$253.15
220-186	0085-1130-01	J9214	Intron A powder	18 MIU/MDV	1	$182.40
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$506.70

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

Intron A Dosing Guide

INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
Chronic hepatitis C	[illegible]	3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	[illegible]	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10
Malignant melanoma	[illegible]	50 MIU powder/1.0 mL 10 MIU powder/1.0 mL
Hairy-cell leukemia	[illegible]	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	[illegible]	50 MIU/1.0 mL powder
Condylomata acuminata	[illegible]	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

Now Available!

ONCOLOGY THERAPEUTICS NETWORK

Anzemet®

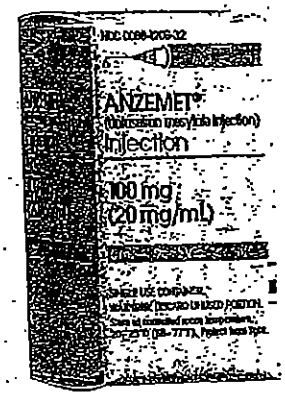
A New 5-HT$_3$ Receptor Antagonist

(dolasetron mesylate injection/tablets)
from Hoechst Marion Roussel

Excellent Efficacy and Safety Profile

Dolasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- Anzemet Injection is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high dose cisplatin.
- Anzemet Tablets are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.



For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

CATALOG NUMBER	NDC	BRAND	GENERIC	UNIT SIZE	QTY	AWP	WAC
900-250	00088-1206-32	Anzemet	dolasetron mesylate	100 mg vial	1	$70.00	$149.88
970-300	00088-1203-05	Anzemet	dolasetron mesylate	100 mg tablets	5	$289.75	$330.00
970-305	00088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets blister pack	5	$289.75	$330.00
970-310	00088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10	$579.50	$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

Call OTN today at 1-800-482-6700 to place your order!

DS

BP 00800

ONCOLOGY THERAPEUTICS NETWORK

LEUKINE® Liquid (GM-CSF, sargramostim)

From Immunex Corporation IMMUNEX

- ✓Easier to Use
- ✓Bioequivalent to Lyophilized Powder
- ✓LEUKINE Liquid Quick Reference Guide Available from Immunex
- ✓Multi-Dose Vial
- ✓Saves Time
- ✓Less Waste and Saves Money

NDC	HCPCS			
222-116	58406-0050-30	GM-CSF (sargramostin), solution	500 mcg MDV	$210.25

Choice of Payment Terms

Only through OTN: customers have four payment terms options: 1% 30, Net 60 Days; 2% Upon Receipt of Order; Net 75 Days; and Credit Card, Upon Receipt of Order.

Reimbursement Support

☎ Immunex Reimbursement Hotline:
1-800-321-4669
Bill for Leukine with J2820 per 50 mcg.

Now Available!

Neumega® (oprelvekin, IL-11)

from Genetics Institute

Neumega (oprelvekin) has received final approval from the FDA and is now available through OTN.

Please contact your OTN account representative for more information.

NDC	HCPCS					
222-200	58394-0004-01	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	1/box	192.55
222-207	58394-0004-02	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	7/box	192.55

Call OTN today and place your order:
1-800-482-6700

BP 00801 DS

ONCOLOGY THERAPEUTICS NETWORK

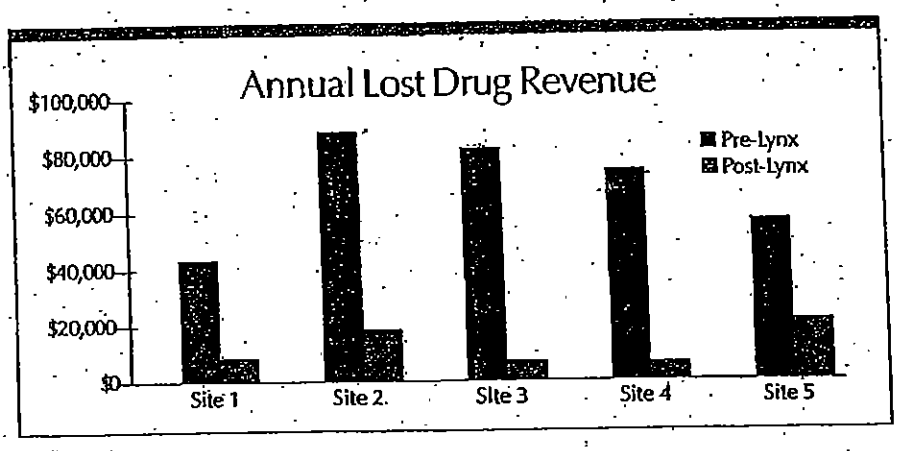
Respond To Today's Healthcare Challenges With Lynx™

Lynx is the point-of-care drug dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting — ending time and labor intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.

Capture Lost Revenue

The Lynx system captures billing information at the time of care, versus after-the-fact manual recording. As drugs and supplies are removed from the system, Lynx provides complete charge information for the billing department via transaction receipts and reports. This feature virtually eliminates unbilled drug charges, which currently represent a 5% loss of drug revenue per year for the average practice.

LYNX™ FROM OTN



This graph illustrates the lost drug revenue in five practices both before and after installation of the Lynx system. In each practice, actual drug usage and drug billings were calculated one month before and one month after the installation of Lynx.

A comparison of drug billings versus actual drug usage was then made to determine lost drug charges. The results of each period were compared to calculate the percentage of lost charges before and after the installation of Lynx.

A significant reduction in lost drug revenue was seen in all five practices, post-Lynx installation. Pre-Lynx installation, the average lost drug revenue for these practices was 5%. Following the installation of Lynx, these losses were negligible.

Call your OTN representative today to find out how to put the power of Lynx to work in your practice: 1-800-482-6700

DS

ONCOLOGY THERAPEUTICS NETWORK

Schering

FARESTON® (toremifene citrate) 60 mg Tablets

From Schering

Indication and Usage:

FARESTON is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.

Description:

FARESTON (toremifene citrate) tablets for oral administration each contain 88.5 mg of toremifene citrate, which is equivalent to 60 mg toremifene. FARESTON is a nonsteroidal antiestrogen. FARESTON is available only as tablets for oral administration.

Dosage and Administration:

The dosage of FARESTON is 60 mg, once daily, orally. Treatment is generally continued until disease progression is observed.

FARESTON Tablets

NDC	Unit Size	Order Qty
0085-1126-01	60 mg	30 tablets
0085-1126-02	60 mg	100 tablets

Reimbursement Information

Please contact Schering's COMMITMENT TO CARE℠ Program at 1-800-521-7157 for reimbursement and product information.

HCPCS Code Changes for 1998

The HCFA Common Procedure Coding System (HCPCS) Editorial Panel recently announced coding changes effective for Medicare claims beginning January 1, 1998. Services provided on or after January 1, 1998, should be filed using the 1998 codes. Services rendered in 1997 should continue to be billed with the 1997 codes. HCFA has granted a grace period to allow physicians to incorporate the changes into their practices. The 1998 charges received prior to April 1, 1998, may be filed with either the 1997 or 1998 codes.

Specific questions about these codes and requests for a complete list of code changes should be directed to your Medicare carrier.

New J-Code for Amifostine!

NEW	DELETE	UNITS	PRODUCT
			Injection, Amifostine
			Injection, Clonidine Hydrochloride
			Injection, Cidofovir
			Injection, Epoprostenol
			Injection, Immune Globulin, Intravenous
			Injection, Immune Globulin, Intravenous
			Injection, Respiratory Syncytial Virus Immune Globulin
	J1625		Injection, Granisetron Hydrochloride
			Injection, Granisetron Hydrochloride

NEW	DELETE	UNITS	PRODUCT
			Injection, Ibutilide Fumarate
			Injection, Interferon Beta-1A
			Injection, Sargramostim (GM-CSF)
	J3005		Injection, Strontium-89 Chloride
			Daunorubicin
			Docetaxel
			Gemcitabine HCl
			Irinotecan
			Topotecan
			Porfimer Sodium

ONCOLOGY DRUG UPDATES

FDA New Drug Approvals

Rituximab (Rituxan,™ Genentech/IDEC)

On November 26, 1997, U.S. Food and Drug Administration (FDA) approved rituximab (Rituxan) for the treatment of relapsed or refractory low-grade or follicular CD20 positive B-cell non-Hodgkin's lymphoma. Approximately 120,000 patients suffer annually from this disease. This product will be co-promoted in the US market by both Genentech and IDEC Pharmaceuticals. The product will require refrigeration and is now available through OTN.

Oprelvekin (Neumega,® Genetics Institute)

On November 25, 1997, U.S. Food and Drug Administration (FDA) approved oprelvekin (Neumega) for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies who are at risk of severe thrombocytopenia. The product will require refrigeration and is now available through OTN.

Aldesleukin (Proleukin,® Chiron Corporation)

On January 16, 1998, the Oncologic Drugs Advisory Committee of U.S. Food and Drug Administration (FDA) granted approval of aldesleukin (Proleukin) for injection for the treatment of adult patients with metastatic melanoma. This recommendation was based on the data from eight clinical trials evaluating Proleukin in a total of 270 patients with metastatic melanoma.

In these trials, 16% (43/270) of the patients responded to Proleukin and approximately half of these patients (22/43) remain alive over four years after treatment. In an analysis of the data presented, Proleukin produced a complete response in 6% (17/270) of patients. A complete response was defined as the total disappearance of tumors for two consecutive observations at least 28 days apart. Approximately 60% of the 17 patients who achieved a complete response have remained in remission for greater than five years without further treatment. The median duration of complete response has not yet been observed, but is at least 40 months. By comparison, the median duration of partial response was 5.9 months. These data indicate that durable responses can be achieved in some metastatic melanoma patients treated with Proleukin.

Current Treatments

Current Treatments For Bladder Cancer

Over the past decade, therapies for bladder cancer have changed very little. As medical therapies proceed into a new era, novel treatment options are moving through various phases of clinical testing. Treatment options for bladder cancer are based on the stage of the tumor, the severity of the symptoms, and coexisting medical conditions. The goal of therapy for local disease (noninvasive tumors) is to obtain control of the tumor with minimal side effects and prolonged disease-free and overall survival. Patients with invasive bladder cancer can rarely be cured; therefore, treatment is mainly palliative with the following goals: (1) to increase overall survival, (2) to provide long-lasting control, (3) to avoid cystectomy, (4) to reduce morbidity, and (5) to improve overall quality of life.

Local (Noninvasive) Disease

Standard treatment for noninvasive tumors consists of removal of the lesion (transurethral resection) and administration of local chemotherapy through a foley catheter (intravesical administration). Intravesical chemotherapeutic agents employed include doxorubicin, thiotepa, mitomycin-C, Bacillus Calmette-Guerin (BCG) vaccine, interferon alfa 2b, and thiotepa (see *Table 1, page 10*). Although various times of administration have been studied, instilling the chemotherapy preoperatively appears to prevent tumor recurrence to a greater degree than postoperative instillation.

A new immunotherapy treatment approach for bladder cancer is the use of photodynamic therapy mediated by 5-aminolevulinic acid (ALA).

Continued on the following page

ONCOLOGY DRUG UPDATES

Table 1 - Selected Treatment Regimens for Bladder Cancer

INTRAVESICULAR CHEMOTHERAPY	
Interferon (IFN)	50-100 MU in 30 mL sterile water
Repeat weekly for 12 weeks	
Bacillus Calmette-Guerin (BCG)	50-150 mg in 50-150 ml normal saline
Repeat weekly for 6 weeks	
Mitomycin C	20-40 mg in 20-40 mL sterile water
Repeat up to 3x weekly to a total of 20 doses	
Thiotepa	60 mg in 30-60 ml normal saline
Repeat every 1-4 weeks	
COMBINATION CHEMOTHERAPY REGIMENS	
CMV	
Cisplatin	100 mg/m² IV (12 hrs. after methotrexate)
Methotrexate	30 mg/m² IV Days 1, 8
Vinblastine	4 mg/m² IV Days 1, 8
Repeat every 3 weeks	
MVAC	
Methotrexate	30 mg/m² IV Days 1, 15, 22
Vinblastine	3 mg/m² IV Days 2, 15, 22
Doxorubicin	30 mg/m² IV Day 2
Cisplatin	70 mg/m² IV Day 2
Repeat every 4 weeks	
CISCA	
Cyclophosphamide	650 mg/m² IV Day 1
Doxorubicin	50 mg/m² IV Day 1
Cisplatin	100 mg/m² IV Day 2
Repeat every 3-4 weeks	
VIG	
Vinblastine	0.11 mg/kg/day IV Days 1-2
Ifosfamide	1200 mg/m²/day IV Days 1-5
Gallium nitrate	300 mg/m²/day CIV Days 1-5
Calcitriol	0.5 m/day PO Days -3 – 5
Repeat every 3 weeks	
SINGLE-AGENT CHEMOTHERAPY REGIMENS	
Gemcitabine	
Gemcitabine	1200 mg/m²/day IV Days 1, 8, 15
Repeat every 4 weeks	
Paclitaxel	
Paclitaxel	250 mg/m² IV over 24 hours on Day 1
Repeat every 3 weeks	
Trimetrexate	
Trimetrexate	8 mg/m²/day Days 1-5
Repeat every 3 weeks	

REFERENCES:

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]

Photodynamic therapy uses photosensitizing agents and laser light to detect and destroy cancer cells. Other immunotherapeutic agents in development include keyhole-limpet hemocyanin (KLH) and bropirimine. Bropirimine is an oral anticancer drug that induces interferon-alpha and has direct antiproliferative activity. It has been evaluated for noninvasive bladder carcinoma with favorable response rates (42% efficacy rate) and is currently in phase II/III clinical trials.

Invasive Disease

Standard therapy for muscle-invasive bladder cancer has been radical cystectomy, as this provides the least chance of recurrence. Recently, however, treatment of invasive disease includes the use of neo-adjuvant chemotherapy. Regimens used prior to cystectomy include carboplatin, methotrexate, and vinblastine and cisplatin and doxorubicin. Neo-adjuvant treatment appears to improve long-term survival after cystectomy; however, results are mixed. Bladder-sparing treatment options, which have equivalent results to radical cystectomy, include single-agent chemotherapy, combination chemotherapy, and combination chemotherapy and irradiation (chemoradiotherapy). Cisplatin remains the most active single chemotherapy agent; however, in an effort to achieve adequate response rates with minimal toxicity, attention has turned to new chemotherapy agents. New agents under investigation include ifosfamide, gallium nitrate, trimetrexate, paclitaxel, gemcitabine, and piritrexim. Oral piritrexim, a second-generation antimetabolite, is active in the treatment of bladder cancer. Its use will most likely be for palliative treatment in patients who cannot tolerate aggressive chemotherapy or in combination chemotherapy regimens. Gemcitabine has been recently evaluated as a single agent in patients with metastatic bladder cancer. It is also an effective agent and will most likely be used in combination regimens. Paclitaxel is effective as a single-agent regimen (250 mg/m² intravenously over 24 hours) and also appears effective in a lower dose as part of a chemoradiotherapy combined modality regimen.

Combination chemotherapy regimens of methotrexate, vinblastine, doxorubicin, and cisplatin (M-VAC) and cisplatin, methotrexate, and vinblastine (CMV) remain the gold standard for patients with advanced bladder cancer. A novel, non-cisplatin containing regimen, which appears equal to M-VAC with less toxicity, is vinblastine, ifosfamide, and gallium nitrate. Phase III trials comparing the two regimens remain to be performed. Other combination modalities which show promise include protracted intravenous infusions of cisplatin and 5-fluorouracil during hyperfractionated radiotherapy and combined intra-arterial administration of cisplatin and doxorubicin with radiotherapy.

Finally, other entities under development for the treatment of bladder cancer include monoclonal antibodies (C225, anti-EGFR chimeric Mab, ImClone Systems), biologic markers (bromodeoxyuridine, NCI, Neopharm), and cell sensitizers (etanidazole, Roberts Pharmaceutical).

Ongoing Research

Angiogenesis and Antiangiogenesis Agents

Angiogenesis

Angiogenesis is the development of new blood vessels from those pre-existing. This phenomenon has been linked to tumor growth, invasion, and metastasis as part of a complex process. Several recent reviews outline the mechanisms of tumor angiogenesis as well as formulate strategies for potential clinical application of anti-angiogenic agents under investigation.[1,2,3]

The factors responsible for a change from cell homeostasis to activated tumor angiogenesis are not completely understood. The balance of proangiogenic and antiangiogenic factors is important in maintaining tumor dormancy. In the quiescent state, the rate of cell apoptosis balances that of proliferation. Acquisition of the angiogenic phenotype leads to a decrease in the apoptotic rate of tumor cells. This shifts the balance in favor of

proliferation. One possible mechanism for acquiring the angiogenic phenotype may involve a change of a tumor suppressor gene with a subsequent decreased production of an angiogenic inhibitor. As an example, the p53 gene controls the synthesis of thrombospondin – 1 (TSP-1), a potent inhibitor of angiogenesis. Loss of p53 gene function through mutation is associated with diminished expression of TSP-1 as well as an ensuing switch to the angiogenic phenotype.

In addition, the process of angiogenesis requires the direct interaction of endothelial cells with their surrounding matrix. The microvascular endothelial cells release "angiogenic polypeptides" (e.g., basic fibroblast growth factor (bFGF), vascular endothelial growth factor (VEGF), and interleukin-8 (IL-8)). These endogenous polypeptides have demonstrated activity to promote tumor growth and migration. As well, matrix metalloproteins (MMPs) facilitate migration of endothelial cells and tumor cells through tissue extracellular matrix by breaking down the tissue matrix surrounding the growing tumor and vessels. Therefore, the presence and activity of MMPs is required for both angiogenesis and metastasis. VEGFs, VEGF receptors, and MMPs are significantly "up-regulated" in several tumors but not in normal tissue, suggesting their importance for tumor-associated angiogenesis.

There is increasing evidence linking the degree of angiogenesis in the primary tumor to the risk of developing metastatic disease (as well as disease-free and overall survival). For example, there is a significant correlation between the degree of primary tumor neovascularization (as measured by the number of vessels per microscopic field) in primary breast cancer surgical specimens and the subsequent development of metastatic disease. In several tumor types, microvessel density of the primary tumor correlated positively with the propensity for metastasis, recurrence, or negative survival outcomes. Interestingly, the shedding of tumor cells into the systemic circulation is quantitatively related to the surface area of tumor vessels. This finding may explain why tumors with high angiogenic indices correlate with an increased risk of metastasis and decreased survival.

Antiangiogenesis and Therapy

In order to evaluate tumor states, prognosis, and potential anti-angiogenic agents, reliable markers or indices of angiogenesis are needed. Examples might include measuring tissue blood flow, measuring changes in tumor metabolism (e.g., via positron emission tomography), measuring vascular density (via magnetic resonance imaging), or serum or urine polypeptide levels (e.g., VEGF or bFGF). A reliable measure has yet to be developed despite reports of some correlations.

Strategies for antiangiogenic therapy are similar in that the agents affect a specific component of the angiogenesis pathway or affect pre-existing tumor vasculature. Most antiangiogenic agents currently in clinical trials interfere with the response of endothelial cells to endogenous angiogenic polypeptides. Some agents inhibit the activity of MMPs (MMPIs). The remaining agents either inhibit tumor neovascularization or destroy tumor neovasculature directly ("targeted therapy").

TNP – 470 (AGM-1470)

TNP-470 is more potent and less toxic than a previous analog, fumgillin. It inhibits *in vivo* growth of several murine tumors and human xenografts and is currently in phase I trials in patients with Kaposi's sarcoma and early phase II trials in patients with solid tumors including central nervous system (CNS) tumors. Early reports demonstrate the drug is well-tolerated. Reversible cerebellar toxicity is the dose-limiting adverse effect.

Platelet Factor 4 (PF4)

PF4 is a naturally occurring agent with potent antiangiogenic activity. It inhibits both endothelial cell proliferation and migration by binding to glycosaminoglycans, thus preventing bFGF from binding to its receptor. Today, it is in phase I trials in patients with solid tumors and Kaposi's sarcoma. Also, a phase II trial investigates its intratumoral administration in patients with primary brain tumors. Toxicities are mild and include local injection site reactions, mild phlebitis, fatigue, and anemia.

Tecogalan (DS4152, SP-PG)

Tecogalan is a sulfated polysaccharide peptidoglycan complex derived from a cell wall polysaccharide of *Arthrobacter Sp.* It demonstrates *in vitro* inhibition of endothelial cell growth and *in vivo* antitumor effects against both murine tumors and human xenografts. Phase I clinical trials are ongoing using tecogalan in patients with solid tumors. Its dose-limiting toxicity is anticoagulation (increased PTT); other reported adverse effects are fever and rigors.

Thalidomide

Despite its well-known embryotoxic effects, thalidomide has useful immunomodulatory activity. It has recently been shown to have potent antiangiogenic properties and is being investigationally studied for patients with various malignancies including Kaposi's sarcoma, breast cancer, prostate cancer, and primary brain tumors.

Batimastat (BB-94)

This agent inhibits the activity of MMPs (MMPI). Phase I trials are currently underway; however, its intraperitoneal and intrapleural routes of administration limit its utility.

Marimastat (BB2516)

Marimastat is an MMPI that can be administered orally. Currently, patients with prostate, ovarian, and pancreatic cancers are being enrolled in phase I studies investigating this agent. Adverse effects reported include joint and muscle pain and stiffness. Tumor markers such as PSA, CA-125, and CA 19-9 have been affected positively in approximately half the patients treated with marimastat.

CM101

Unlike the previous agents, CM101 has antiangiogenic properties with inhibitory effects on established tumor neovasculature. It is a group B Streptococcus polysaccharide which binds preferentially to capillary endothelium. Subsequently, vascular and cellular inflammatory reactions with the tumor vessels occur. Several.

Continued on the following page

ONCOLOGY DRUG UPDATES

endogenous cytokines (TNF - α, MIP - 1α, IL-6, IL-8, and IL-10) increase systemically following CM101 administration. Phase I studies in Kaposi's sarcoma patients are planned.

Interleukin-12 (IL-12)

IL-12 has potent anti-angiogenic activity mediated by induction of interferon-g (INF-γ). The latter induces a protein (IP-10), which is a potent inhibitor of angiogenesis *in vivo*. In addition, IL-12 enhances proliferation of activated T and natural killer (NK) cells. Phase I and II clinical trials involving IL-12 are ongoing in Kaposi's sarcoma patients. Both its direct antitumor and antiangiogenic activities are being investigated.

Antiangiogenic drugs may not cause tumor regression, but rather inhibit growth of the invading edge of the tumor (i.e., cytostatic). Utilization of these agents will most likely be in combination with a cytotoxic chemotherapeutic agent or with another modality such as radiation therapy. Since anti-angiogenic agents appear to be more effective against a smaller tumor, early application (i.e., small volume disease) may prove to be useful. Their use in patients with advanced or metastatic disease should also be considered in combination with salvage chemotherapy.

References:

Pluda JM. *Sem. Oncol.* 1997; 24 (2) : 203-18.

Harris AL, *Lancet* 1997; 349 (Supp2): 13-15.

Sacharides TJ, *Surg Clin. North Am.* 1997; 77 (1): 253-60.

Sourcebook Update — Fall/Winter 1997/98 Product And Pricing Changes

920-100	Rocephin	Ceftriaxone Sodium, powder	500 mg	$21.80	▲
920-110	Rocephin	Ceftriaxone Sodium, powder	1000 mg	$37.30	▲
920-120	Rocephin	Ceftriaxone Sodium, powder	2000 mg	$74.10	▲
920-210	Vistide	Cidofovir, injection, (75 mg/5ml)	5 ml	$651.50	▲
900-250	Anzemet	Dolasetron, solution	100 mg	$70.00	NEW
970-300	Anzemet	Dolasetron, tablets, 5/PK	100 mg	$289.75	NEW
970-305	Anzemet	Dolasetron, tablets, 5/BTL	100 mg	$289.75	NEW
970-310	Anzemet	Dolasetron, tablets, 10/BTL	100 mg	$579.50	NEW
840-150	Romazicon	Flumazenil, solution (0.1 mg/ml) (X10)	0.5 mg MDV	$31.00	▲
840-160	Romazicon	Flumazenil, solution (0.1 mg/ml) (X10)	1 mg MDV	$49.30	▲
800-902	Gemzar	Gemcitabine HCl	200 mg	$66.05	▲
800-910	Gemzar	Gemcitabine HCl	1 g	$330.15	▲
902-300	Idamycin	Idarubicin HCl, powder	5 mg	$267.00	▲
902-310	Idamycin	Idarubicin HCl, powder	10 mg	$534.00	▲
847-010	Gammar P	Immune Globulin IV 5%	1 gm	$30.75	▲
847-025	Gammar P	Immune Globulin IV 5%	2.5 gm	$96.00	▲
847-050	Gammar P	Immune Globulin IV 5%	5 gm	$192.00	▲
847-100	Gammar P	Immune Globulin IV 5%	10 gm	$384.00	▲
220-405	Infergen	Interferon alfacon-1 9 mcg (X6)	0.3 ml	$31.95	NEW
220-400	Infergen	Interferon alfacon-1 15 mcg (X6)	0.5 ml	$53.25	NEW
901-292	Camptosar	Irinotecan HCl (20 mg/ml)	2 ml	$171.50	NEW
240-100	Abbott	Leucovorin Calcium Predilute (10 mg/ml)	10 ml	$4.00	NEW
240-250	Abbott	Leucovorin Calcium Predilute (10 mg/ml)	25 ml	$10.00	NEW
960-000	IV Alkeran	Melphalan HCl, powder	50 mg	$299.00	▲
960-010	Alkeran	Melphalan HCl, tablets, 2 mg	50 per bottle	$87.00	▲
910-100	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	2.5 ml	$102.00	▲
910-110	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	10 ml	$384.00	▲
840-550	A-methaPred	Methylprednisolone Sod. Succ. w/1 ml diluent (x10)	40 mg	$2.45	▲
840-555	A-methaPred	Methylprednisolone Sod. Succ. w/2 ml diluent (x10)	125 mg	$4.70	▲
840-560	A-methaPred	Methylprednisolone Sod. Succ. w/4 ml diluent (x10)	500 mg	$10.00	▲
840-565	A-methaPred	Methylprednisolone Sod. Succ. w/8 ml diluent (x10)	1000 mg	$17.80	▲
960-300	Versed	Midazolam, solution (1mg/ml), C-IV	2 mg	$48.00	▲
960-310	Versed	Midazolam, solution (5mg/ml), C-IV	5 mg	$105.50	▲
222-200	Neumega	Oprelvekin, powder	5 mg	$192.55	NEW
222-207	Neumega	Oprelvekin, powder (x7)	5 mg	$192.55	NEW
900-400	Taxol	Paclitaxel, solution (6 mg/ml)	30 mg MDV	$140.26	Catalog # Change
900-450	Taxol	Paclitaxel, solution (6 mg/ml)	100 mg MDV	$467.53	Catalog # Change
841-635	Compazine	Prochlorperazine, solution (5 mg/ml)	10 ml MDV	$30.50	▲ Call change
223-700	Rituxan	Rituximab, solution	100 mg	$338.25	NEW
223-710	Rituxan	Rituximab, solution	500 mg	$1,690.75	NEW
202-400	Zanosar	Streptozocin, powder	1 g	$75.00	▲
901-285	Hycamtin	Topotecan HCl, lyophilized powder (single vials)	4 mg	$443.00	▲
901-280	Hycamtin	Topotecan HCl, lyophilized powder (x5)	4 mg	$443.00	▲

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

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Average Wholesale Prices and 1998 HCPCS Codes

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1997 Red Book* and the *January 1998 Red Book Update*.

For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	SIZE	NDC	AWP	HCPCS BILLING CODE	UNITS
Proleukin® Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	442.00	J9015	per 22 MIU
Ethyol® • Amifostine	500 mg	17314-7253-03	322.92	J0207	per 500 mg
Fungizone® Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane® Bleomycin sulfate, pwd	15 units 30 units	00015-3010-20 00015-3063-01	304.60 609.20	J9040 J9040	per 15 units per 15 units
Paraplatin® Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	93.46 280.33 840.99	J9045 J9045 J9045	per 50 mg per 50 mg per 50 mg
BiCNU® Carmustine, pwd w/diluent	100 mg	00015-3012-38	92.94	J9050	per 100 mg
Tagamet® Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol®-AQ Cisplatin, sol (1 mg/mL)	50 mg MDV 100 mg MDV	00015-3220-22 00015-3221-22	195.00 389.98	J9062 J9062	per 50 mg per 50 mg
Leustatin® Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	496.80	J9065	per 1 mg
Cytoxan® Lyophilized Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41 00015-0549-41	6.45 12.25 25.71 51.43 102.89	J9093 J9094 J9095 J9096 J9097	per 100 mg per 200 mg per 500 mg per 1 g per 2 g
Cytoxan® Tablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	100 per bottle 100 per bottle 1,000 per bottle	00015-0504-01 00015-0503-01 00015-0503-02	181.03 332.21 3,164.15	J8530 J8530 J8530	25 mg 25 mg 25 mg
Cytarabine, pwd	100 mg 100 mg 500 mg 500 mg 1 g 2 g	00364-2467-53 55390-0131-10 00364-2468-54 55390-0132-10 55390-0133-01 55390-0134-01	6.00 6.25 23.06 25.00 50.00 98.90	J9100 J9100 J9110 J9110 J9110 J9110	per 100 mg per 100 mg per 500 mg per 500 mg per 500 mg per 500 mg
DTIC-Dome® Dacarbazine, pwd	100 mg 200 mg	00026-8151-10 00026-8151-20	43.83 22.23	J9130 J9140	per 100 mg per 200 mg
DaunoXome® Daunorubicin citrate liposome inj. (1 mg/mL)	50 mg	56146-0301-01	287.50	J9999*/J3490*	per 50 mg
Cerubidine® Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP® Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	25.64	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL) Dexamethasone, sol (4 mg/mL)	100 mg MDV 20 mg MDV 120 mg MDV	00364-2360-54 00517-4905-25 00517-4930-25	12.00 2.19 7.84	J1100 J1100 J1100	up to 4 mg/mL up to 4 mg/mL up to 4 mg/mL
Zinecard® • Dexrazoxane for injection •	250 mg 500 mg	00013-8715-62 00013-8725-89	152.39 304.76	J1190 J1190	per 250 mg per 250 mg
Diazepam, sol (5 mg/mL)	10 mg 50 mg	00364-0825-48 00364-0825-54	3.60 21.97	J3360 J3360	up to 5 mg up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL) Diphenhydramine HCl, sol (50 mg/mL)	300 mg 500 mg MDV 50 mg	00364-6530-56 00364-6531-54 00641-0376-25	7.51 10.00 0.67	J1200 J1200 J1200	up to 50 mg up to 50 mg up to 50 mg
Taxotere® • Docetaxel for injection •	20 mg 80 mg	00075-8001-20 00075-8003-80	257.92 1,031.68	J9170 J9170	per 20 mg per 20 mg

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BP 00808

HIGHLY CONFIDENTIAL
BMS/AWP/000095567

ONCOLOGY THERAPEUTICS NETWORK

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Anzemet®					
•Dolasetron mesylate, sol (20 mg/mL)	5 mL	00088-1206-32	149.88	J3490*	per 100 mg
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™					
•Doxorubicin, RDF pwd	10 mg	00013-1086-91	48.76	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	243.80	J9000	per 10 mg
	150 mg MDV	00013-1116-83	716.76	J9000	per 10 mg
•Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	51.21	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	256.06	J9000	per 10 mg
	75 mg	00013-1176-87	384.09	J9000	per 10 mg
	200 mg MDV	00013-1166-83	946.94	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136*	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136*	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136*	1,000 units
	10,000 units/ mL	59676-0310-01	117.96	Q0136*	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	235.92	Q0136*	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	235.92	Q0136*	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	785.43	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	196.50	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	13.25	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
•Gemcitabine HCl	200 mg	00002-7501-01	~~69.39~~ 79.10	J9201	per 20 mg
•Gemcitabine HCl	1 g	00002-7502-01	~~346.94~~ 395.51	J9201	per 20 mg
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	117.79	J2820	per 50 mcg
	500 mcg	58406-0050-30	235.58	J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	410.51	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,231.53	J9202	per 3.6 mg
Kytril®					
•Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	177.40	J1626	per 100 mcg
	4 mL	00029-4152-01	709.60	J1626	per 100 mcg
Ifex®					
Ifosfamide	1 g	00015-0556-41	119.85	J9208	per 1 g
	3 g	00015-0557-41	359.55	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,094.91	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,256.88	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	866.96	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg

REIMBURSEMENT

ONCOLOGY THERAPEUTICS NETWORK

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
add	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
add	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
add	10 g	52769-0471-80	580.00	J1561 or J1562	
RhoD immune globulin intravenous	300 mcg	60492-0082-01	306.00	J3490[1]/J9999*	
Intron® A					
Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	33.92	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	33.92	J9214	per 1 MIU
	5 MIU	00085-1191-01	56.52	J9214	per 1 MIU
add	5 MIU PAK	00085-1191-02	56.52	J9214	per 1 MIU
	10 MIU	00085-1179-01	113.04	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1168-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	282.62	J9214	per 1 MIU
Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	33.92	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	56.52	J9214	per 1 MIU
add	10 MIU MDV	00085-0571-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	282.62	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	565.21	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	33.94	J9213	per 3 MIU
X Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	95.55	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	407.00	J9213	per 3 MIU
Camptosar®					
NEW • Irinotecan HCl injection, CPT-11 (20 mg/mL)	2 mL	00009-7529-02	204.41	J9206	per 20 mg
	5 mL	00009-7529-01	511.04	J9206	per 20 mg
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
X add	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	540.63	J9217	per 7.5 mg
ADD	22.5 mg	00300-3336-01	1,621.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.05	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
ADD	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	123.19		
Alkeran®					
X Melphalan hydrochloride, pwd	50 mg	00173-0130-93	196.99	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	84.77	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	162.71	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
add	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
add	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
add	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
add	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
add	150 mg	00013-6126-95	23.54	J2765	up to 10 mg

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REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Mutamycin® Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Novantrone® Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	720.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	900.03	J9293	per 5 mg
ADD on each line.	30 mg MDV	58406-0640-07	1,080.05	J9293	per 5 mg
Sandostatin® Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
Zofran® Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	206.41	J2405+	per 1 mg
Neumega® • Oprelvekin	5 mg	58394-0004-01	235.00	J3490†	per 5 mg
TAXOL® • Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-30	182.63	J9265	per 30 mg
• paditaxel, semi-synthetic	100 mg	00015-3476-30	608.76	J9265	per 30 mg
Aredia® Pamidronate disodium, pwd	30 mg	00083-2601-04	207.26	J2430	per 30 mg
add on each line	60 mg	00083-2606-01	408.54	J2430	per 30 mg
	90 mg	00083-2609-01	597.84	J2430	per 30 mg
Nipent™ Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac® Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Rituxan™ • Rituximab	100 mg	50242-0051-21	397.50	J3490†	per 100 mg
Zanosar® Streptozocin, pwd	1 g	00009-0844-01	74.35	J9320	per 1 g
Vumon® • Teniposide, 50 mg	5 mL amp	00015-3075-19	175.74	J9999*	per 50 mg
Thioplex® Thiotepa, pwd	15 mg	58406-0661-02	83.94	J9340	per 15 mg
Hycamtin™ • Topotecan HCl lyoph pwd	4 mg	00007-4201-01	529.30	J9350	per 4 mg
• TOPOTECAN HCl lyoph pwd	4 mg, 5s	00007-4201-05	2,646.50	J9350	per 4 mg
Neutrexin® Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	608.40	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	2,610.00	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	53.64	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	93.54	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
NAVELBINE® Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	64.71	J9390	per 10 mg
	5 mL	00173-0656-44	323.56	J9390	per 10 mg

• An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

+ J2405 should be used for all formulations of Zofran.

J8490/J9999 Both

BULK RATE U.S. POSTAGE PAID MMS, Inc.

ADDRESS CORRECTION REQUESTED

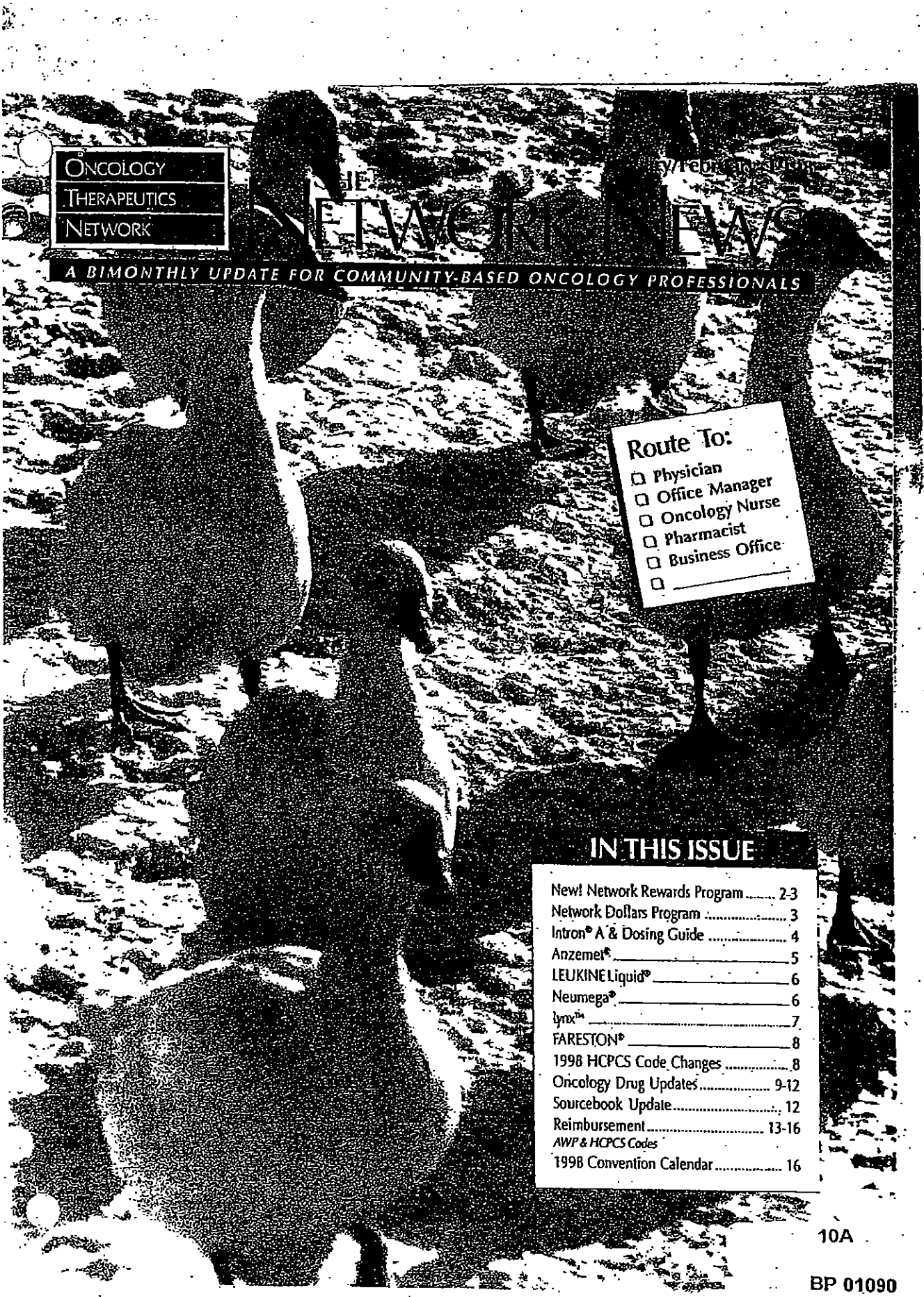
ONCOLOGY THERAPEUTICS NETWORK
395 OYSTER POINT BLVD, SUITE 405
SOUTH SAN FRANCISCO, CA 94080

Convention Calendar for 1998

Don't forget to mark your calendar for the 1998 conventions! This is an excellent opportunity to meet your OTN representative. OTN will attend the ONS convention in San Francisco and will exhibit at AOHA in St. Louis and ASCO in Los Angeles. Contact your account representative to arrange a meeting with one of the OTN representatives attending the conventions, or stop by our booth at AOHA and ASCO.

Association for Oncology Hematology Assembly (AOHA)	Oncology Nursing Society (ONS)	American Society of Clinical Oncology (ASCO)
April 22-24, 1998	May 7-10, 1998	May 16-19, 1998
St. Louis, MO	San Francisco, CA	Los Angeles, CA

DS



10A

ONCOLOGY THERAPEUTICS NETWORK

NEW!

Save Time and Money With The Network Rewards Program

Network Rewards is a program that will provide your practice with pricing assurance on 10 multi-source products every time you order. Unlike specials that are only in effect for a week or a month, the Network Rewards program utilizes a unique "Quartile Pricing" concept that provides competitive pricing over time, eliminating the need to "shop" for the best price. Oncology Therapeutics Network (OTN) does the work for you.

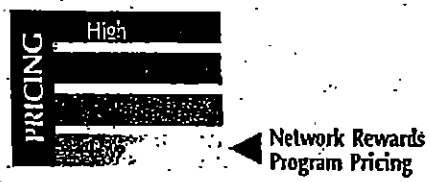
Here are the products included in the program:

DRUG	DESCRIPTION	MANUFACTURER
Blenoxane®	Bleomycin Sulfate, [illegible]	Bristol-Myers Squibb
Lyophilized Cytoxan®	Cyclophosphamide, Lyophilized	Bristol-Myers Squibb
Mutamycin®	Mitomycin for Injection	Bristol-Myers Squibb
Rubex®	Doxorubicin Hydrochloride	Bristol-Myers Squibb
VePesid® for Injection	Etoposide Injection	Bristol-Myers Squibb
Adriamycin PFS™	Doxorubicin Hydrochloride	Pharmacia & Upjohn
Leucovorin	Sterile Calcium Leucovorin	Immunex
Methotrexate	Methotrexate Sodium Preservative-Free Solution	Immunex
Vinblastine	Vinblastine Sulfate, USP	Fujisawa
Vincasar®	Vincristine, preservative-free solution	Pharmacia & Upjohn

How The Network Rewards Program Works

Quartile Pricing

For each drug in the Network Rewards program, we have reviewed the pricing of all OTN customers in the nation. These prices were then divided into quartiles defined as the high quartile, medium high quartile, medium low quartile and low quartile.



Network Rewards Program Pricing

To begin the program, we will compare your practice's pricing to the quartile pricing. Any price currently paid by your practice that is above the Network Rewards price will be lowered to the Network Rewards price. Any price currently paid to OTN by your practice that is below the Network Rewards price will remain in place. OTN will provide a report to your practice listing all of your current program prices. Using this method, your practice is assured of pricing that is within the lowest quartile on all Network Rewards products.

Choose 7 out of 10 Products

To participate in the Network Rewards program, you must buy at least 7 of the 10 Network Rewards products from OTN. Multiple sizes of the same product do not count as additional products. A simple enrollment form can be faxed to OTN to start your practice on the program.

Going Forward

OTN will review Network Rewards pricing on a monthly basis and compare Network Rewards prices with the lowest prices paid by all OTN customers during that same month. We will, if necessary, automatically lower your pricing going forward to represent pricing comparable with those of OTN customers in the low quartile. A report of your practice's current pricing will be faxed to you each month to keep you abreast of any changes.

The Network News is distributed by Oncology Therapeutics Network Corporation.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Stasia Lord, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405, So. San Francisco, CA 94080.

Printed on recycled paper.

ONCOLOGY THERAPEUTICS NETWORK

Network Rewards Benefits

Save Money with the Assurance of Market Competitive Prices

As part of Network Rewards, we proactively review the best prices of all OTN customers and load them into our pricing files for your practice. When your practice places an order, you are automatically assured of the most current competitive prices on Network Rewards products of all OTN customers in the nation.

Save Time by Receiving Discounts Up-Front

Many practices report that they spend too much time "shopping" for the best prices. This is time that could be spent with patients. With Network Rewards, your practice is assured of our most competitive pricing without making time-consuming phone calls or watching for fax specials.

Avoid Worry with Price Protection on Your Multi-Source Drug Purchases

Network Rewards gives you the confidence that your pricing is protected on the majority of your multi-source drug purchases.

Early Payment Discounts

In addition to the low pricing your practice will receive as a participant in the Network Rewards program, OTN also offers an additional 1% and 2% discount for early payment. Or, you may choose to extend your payment to Net 75 Days or pay by credit card. Your practice may choose from the following four payment terms options:

- ✓ 1% 30, Net 60 Days
- ✓ 2% Upon Receipt of Order
- ✓ Net 75 Days
- ✓ Credit Card, Upon Receipt of Order

Hassle-free, Low Pricing on Your Multi-Source Drug Budget

Network Rewards pricing, coupled with discounted payment terms, assure your practice of the most competitive prices of all OTN customers in the nation on your multi-source drug purchases. Your practice will receive these benefits without the worry and hassle of price shopping.

"Buyer acknowledges that it is responsible for fully and accurately reporting to the reimbursing agency any discounts described above on any item that is separately charged for payment under Medicare, Medicaid or any other federally funded state healthcare plan. Buyer also acknowledges that upon request by the Department of Health and Human Services or a state healthcare agency, it is responsible for providing the requesting agency with information regarding such discounts.

For more information on how your practice can start saving time and money with the Network Rewards Program, a copy of the current Network Rewards Price List and a Network Rewards enrollment form, contact your OTN account representative at

1-800-482-6700.

Network Dollars Program Ends December 31, 1997

For over three years, the Network Dollars program has provided savings to Oncology Therapeutics Network's (OTN) customers when they purchased products from OTN. Orders for the following five products placed on or before December 31, 1997, will earn Network Dollars:

- ◆ Blenoxane®
- ◆ Lyophilized Cytoxan®
- ◆ Mutamycin®
- ◆ Rubex®
- ◆ VePesid® for Injection

After December 31, 1997, a new program, called "Network Rewards" will be in effect (see *article at left*). If you would like more information sent or faxed to you regarding the Network Rewards program, please call 1-800-482-6700 and ask to speak to the account representative for your area.

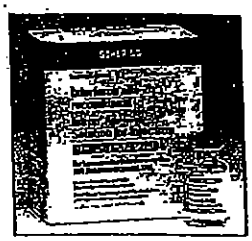
Thank you for your participation in the Network Dollars program.

ONCOLOGY THERAPEUTICS NETWORK

Schering®

Intron® A—HSA-Free —and— Original Formulation

(interferon Alfa-2b, recombinant)*



OTN offers Intron A in the following sizes and formulations:

HSA-FREE SOLUTION*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$30.40
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$50.70
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$182.40
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$253.15

HSA-FREE SOLUTION PAKS*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$30.40
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$50.70
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$101.30

Paks include six vials, six syringes, and six alcohol swabs

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

ORIGINAL FORMULATIONS**

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-150	0085-0647-03	J9214	Intron A powder	3 MIU/MDV	1	$30.40
220-160	0085-0120-02	J9214	Intron A powder	5 MIU/MDV	1	$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	$253.15
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$182.40
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$506.70

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

Intron A Dosing Guide

INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
Chronic hepatitis C	3 MIU SC or IM TIW	3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	30 - 35 MIU/ week SC or IM (5 MIU qd or 10 MIU TIW x 16 weeks)	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10
Malignant melanoma	*Induction:* 20 MIU/m² IV 5 consecutive days/week x 4 weeks *Maintenance:* 10 MIU/m² TIW SC x 48 weeks	50 MIU powder/1.0 mL 18 MIU powder/1.0 mL
Hairy-cell leukemia	2 MIU/ m² SC or 1 MIU TIW	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	30 MIU/m² SC or IM TIW	50 MIU/1.0 mL powder
Condylomata acuminata	1 MIU TIW (alternate days) x 16 weeks	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

Now Available!

ONCOLOGY THERAPEUTICS NETWORK

Anzemet®

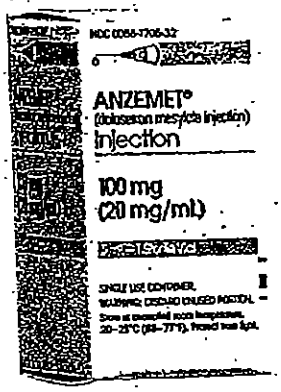
A New 5-HT$_3$ Receptor Antagonist

(dolasetron mesylate injection/tablets)
from Hoechst Marion Roussel

Excellent Efficacy and Safety Profile

Dolasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- **Anzemet Injection** is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high dose cisplatin.
- **Anzemet Tablets** are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.



For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QUANTITY	PRICE/ UNIT	AWP
900-250	00088-1206-32	Anzemet	dolasetron mesylate	100 mg vial	1	$70.00	$149.88
970-300	00088-1203-05	Anzemet	dolasetron mesylate	100 mg tablets	5	$289.75	$330.00
970-305	00088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets blister pack	5	$289.75	$330.00
970-310	00088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10	$579.50	$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

Call OTN today at 1-800-482-6700 to place your order!

ONCOLOGY THERAPEUTICS NETWORK

LEUKINE® Liquid (GM-CSF, sargramostim)

From Immunex Corporation IMMUNEX

- ✓Easier to Use
- ✓Bioequivalent to Lyophilized Powder
- ✓LEUKINE Liquid Quick Reference Guide Available from Immunex
- ✓Multi-Dose Vial
- ✓Saves Time
- ✓Less Waste and Saves Money

CATALOG NUMBER	NDC	ITEM	UNIT SIZE	PRICE/ UNIT
222-116	58406-0050-30	GM-CSF (sargramostin), solution	500 mcg MDV	$210.25

Choice of Payment Terms

Only through OTN: customers have four payment terms options: 1% 30, Net 60 Days; 2% Upon Receipt of Order, Net 75 Days; and Credit Card, Upon Receipt of Order.

Reimbursement Support

☎ Immunex Reimbursement Hotline:
1-800-321-4669
Bill for Leukine with J2820 per 50 mcg.

Now Available!

Neumega® (oprelvekin, IL-11)

from Genetics Institute

Neumega (oprelvekin) has received final approval from the FDA and is now available through OTN.

Please contact your OTN account representative for more information.

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
222-200	58394-0004-01	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	1/box	192.55
222-207	58394-0004-02	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	7/box	192.55

Call OTN today and place your order:
1-800-482-6700

ONCOLOGY THERAPEUTICS NETWORK

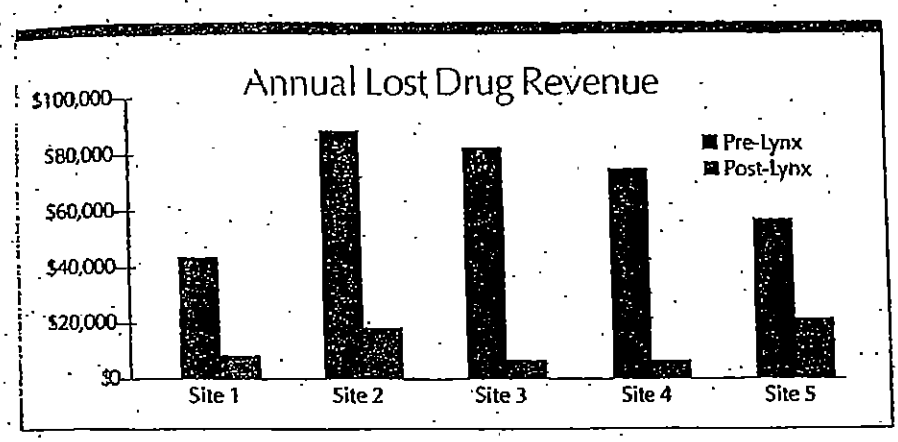
Respond To Today's Healthcare Challenges With Lynx™

Lynx is the point-of-care drug dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting — ending time and labor intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.

Capture Lost Revenue

The Lynx system captures billing information at the time of care, versus after-the-fact manual recording. As drugs and supplies are removed from the system, Lynx provides complete charge information for the billing department via transaction receipts and reports. This feature virtually eliminates unbilled drug charges, which currently represent a 5% loss of drug revenue per year for the average practice.

LYNX™ FROM OTN



This graph illustrates the lost drug revenue in five practices both before and after installation of the Lynx system. In each practice, actual drug usage and drug billings were calculated one month before and one month after the installation of Lynx.

A comparison of drug billings versus actual drug usage was then made to determine lost drug charges. The results of each period were compared to calculate the percentage of lost charges before and after the installation of Lynx.

A significant reduction in lost drug revenue was seen in all five practices, post-Lynx installation. Pre-Lynx installation, the average lost drug revenue for these practices was 5%. Following the installation of Lynx, these losses were negligible.

Call your OTN representative today to find out how to put the power of Lynx to work in your practice: 1-800-482-6700

ONCOLOGY THERAPEUTICS NETWORK

Schering

FARESTON® (toremifene citrate) 60 mg Tablets

From Schering

Indication and Usage:

FARESTON is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.

Description:

FARESTON (toremifene citrate) tablets for oral administration each contain 88.5 mg of toremifene citrate, which is equivalent to 60 mg toremifene. FARESTON is a nonsteroidal antiestrogen. FARESTON is available only as tablets for oral administration.

Dosage and Administration:

The dosage of FARESTON is 60 mg, once daily, orally. Treatment is generally continued until disease progression is observed.

FARESTON Tablets

NDC	Unit Size	Order Qty
0085-1126-01	60 mg	30 tablets
0085-1126-02	60 mg	100 tablets

Reimbursement Information

Please contact Schering's COMMITMENT TO CARE℠ Program at 1-800-521-7157 for reimbursement and product information.

HCPCS Code Changes for 1998

The HCFA Common Procedure Coding System (HCPCS) Editorial Panel recently announced coding changes effective for Medicare claims beginning January 1, 1998. Services provided on or after January 1, 1998, should be filed using the 1998 codes. Services rendered in 1997 should continue to be billed with the 1997 codes. HCFA has granted a grace period to allow physicians to incorporate the changes into their practices. The 1998 charges received prior to April 1, 1998, may be filed with either the 1997 or 1998 codes.

Specific questions about these codes and requests for a complete list of code changes should be directed to your Medicare carrier.

New J-Code for Amifostine!

NEW	DELETE	BILLING UNITS	PRODUCT
J0207		500 mg	Injection, Amifostine
J0735		1 mg	Injection, Clonidine Hydrochloride
J0740		375 mg	Injection, Cidofovir
J1325		.05 mg	Injection, Epoprostenol
J1561		500 mg	Injection, Immune Globulin, Intravenous
J1562		5 gms	Injection, Immune Globulin, Intravenous
J1565		50 mg	Injection, Respiratory Syncytial Virus Immune Globulin
	J1625	1 mg	Injection, Granisetron Hydrochloride
J1626		100 mcg	Injection, Granisetron Hydrochloride
J1742		1 mg	Injection, Ibutilide Fumarate
J1825		33 mcg	Injection, Interferon Beta-1A
J2820		50 mcg	Injection, Sargramostim (GM-CSF)
	J3005	1 ml	Injection, Strontium-89 Chloride
J9150		10 mg	Daunorubicin
J9170		20 mg	Docetaxel
J9201		200 mg	Gemcitabine HCl
J9206		20 mg	Irinotecan
J9350		4 mg	Topotecan
J9600		75 mg	Porfimer Sodium

FDA New Drug Approvals

Rituximab (Rituxan,™ Genentech/IDEC)

On November 26, 1997, U.S. Food and Drug Administration (FDA) approved rituximab (Rituxan) for the treatment of relapsed or refractory low-grade or follicular CD20 positive B-cell non-Hodgkin's lymphoma. Approximately 120,000 patients suffer annually from this disease. This product will be co-promoted in the US market by both Genentech and IDEC Pharmaceuticals. The product will require refrigeration and is now available through OTN.

Oprelvekin (Neumega,® Genetics Institute)

On November 25, 1997, U.S. Food and Drug Administration (FDA) approved oprelvekin (Neumega) for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies who are at risk of severe thrombocytopenia. The product will require refrigeration and is now available through OTN.

Aldesleukin (Proleukin,® Chiron Corporation)

On January 16, 1998, the Oncologic Drugs Advisory Committee of U.S. Food and Drug Administration (FDA) granted approval of aldesleukin (Proleukin) for injection for the treatment of adult patients with metastatic melanoma. This recommendation was based on the data from eight clinical trials evaluating Proleukin in a total of 270 patients with metastatic melanoma.

In these trials, 16% (43/270) of the patients responded to Proleukin and approximately half of these patients (22/43) remain alive over four years after treatment. In an analysis of the data presented, Proleukin produced a complete response in 6% (17/270) of patients. A complete response was defined as the total disappearance of tumors for two consecutive observations at least 28 days apart. Approximately 60% of the 17 patients who achieved a complete response have remained in remission for greater than five years without further treatment. The median duration of complete response has not yet been observed, but is at least 40 months. By comparison, the median duration of partial response was 5.9 months. These data indicate that durable responses can be achieved in some metastatic melanoma patients treated with Proleukin.

Current Treatments

Current Treatments For Bladder Cancer

Over the past decade, therapies for bladder cancer have changed very little. As medical therapies proceed into a new era, novel treatment options are moving through various phases of clinical testing. Treatment options for bladder cancer are based on the stage of the tumor, the severity of the symptoms, and coexisting medical conditions. The goal of therapy for local disease (noninvasive tumors) is to obtain control of the tumor with minimal side effects and prolonged disease-free and overall survival. Patients with invasive bladder cancer can rarely be cured; therefore, treatment is mainly palliative with the following goals: (1) to increase overall survival, (2) to provide long-lasting control, (3) to avoid cystectomy, (4) to reduce morbidity, and (5) to improve overall quality of life.

Local (Noninvasive) Disease

Standard treatment for noninvasive tumors consists of removal of the lesion (transurethral resection) and administration of local chemotherapy through a foley catheter (intravesical administration). Intravesical chemotherapeutic agents employed include doxorubicin, thiotepa, mitomycin-C, Bacillus Calmette-Guerin (BCG) vaccine, interferon alfa 2b, and thiotepa (see *Table 1, page 10*). Although various times of administration have been studied, instilling the chemotherapy preoperatively appears to prevent tumor recurrence to a greater degree than postoperative instillation.

A new immunotherapy treatment approach for bladder cancer is the use of photodynamic therapy mediated by 5-aminolevulinic acid (ALA).

Continued on the following page

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

Table 1 – Selected Treatment Regimens for Bladder Cancer

INTRAVESICULAR CHEMOTHERAPY	
Interferon (IFN)	50-100 MIU in 30 mL sterile water
Repeat weekly for 12 weeks	
Bacillus Calmette-Guerin (BCG)	50-150 mg in 50-150 ml normal saline
Repeat weekly for 6 weeks	
Mitomycin C	20-40 mg in 20-40 mL sterile water
Repeat up to 3x weekly to a total of 20 doses	
Thiotepa	60 mg in 30-60 ml normal saline
Repeat every 1-4 weeks	
COMBINATION CHEMOTHERAPY REGIMENS	
CMV	
Cisplatin	100 mg/m² IV (12 hrs. after methotrexate)
Methotrexate	30 mg/m² IV Days 1, 8
Vinblastine	4 mg/m² IV Days 1, 8
Repeat every 3 weeks	
M-VAC	
Methotrexate	30 mg/m² IV Days 1, 15, 22
Vinblastine	3 mg/m² IV Days 2, 15, 22
Doxorubicin	30 mg/m² IV Day 2
Cisplatin	70 mg/m² IV Day 2
Repeat every 4 weeks	
CISCA	
Cyclophosphamide	650 mg/m² IV Day 1
Doxorubicin	50 mg/m² IV Day 1
Cisplatin	100 mg/m² IV Day 2
Repeat every 3-4 weeks	
VIG	
Vinblastine	0.11 mg/kg/day IV Days 1-2
Ifosfamide	1200 mg/m²/day IV Days 1-5
Gallium nitrate	300 mg/m²/day CIV Days 1-5
Calcitriol	0.5 m/day PO Days -3 - 5
Repeat every 3 weeks	
SINGLE-AGENT CHEMOTHERAPY REGIMENS	
Gemcitabine	
Gemcitabine	1200 mg/m²/day IV Days 1, 8, 15
Repeat every 4 weeks	
Paclitaxel	
Paclitaxel	250 mg/m² IV over 24 hours on Day 1
Repeat every 3 weeks	
Trimetrexate	
Trimetrexate	8 mg/m²/day Days 1-5
Repeat every 3 weeks	

REFERENCES:

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]

Photodynamic therapy uses photosensitizing agents and laser light to detect and destroy cancer cells. Other immunotherapeutic agents in development include keyhole-limpet hemocyanin (KLH) and bropirimine. Bropirimine is an oral anticancer drug that induces interferon-alpha and has direct antiproliferative activity. It has been evaluated for noninvasive bladder carcinoma with favorable response rates (42% efficacy rate) and is currently in phase II/III clinical trials.

Invasive Disease

Standard therapy for muscle-invasive bladder cancer has been radical cystectomy, as this provides the least chance of recurrence. Recently, however, treatment of invasive disease includes the use of neo-adjuvant chemotherapy. Regimens used prior to cystectomy include carboplatin, methotrexate, and vinblastine and cisplatin and doxorubicin. Neo-adjuvant treatment appears to improve long-term survival after cystectomy; however, results are mixed. Bladder-sparing treatment options, which have equivalent results to radical cystectomy, include single-agent chemotherapy, combination chemotherapy, and combination chemotherapy and irradiation (chemoradiotherapy). Cisplatin remains the most active single chemotherapy agent; however, in an effort to achieve adequate response rates with minimal toxicity, attention has turned to new chemotherapy agents. New agents under investigation include ifosfamide, gallium nitrate, trimetrexate, paclitaxel, gemcitabine, and piritrexim. Oral piritrexim, a second-generation antimetabolite, is active in the treatment of bladder cancer. Its use will most likely be for palliative treatment in patients who cannot tolerate aggressive chemotherapy or in combination chemotherapy regimens. Gemcitabine has been recently evaluated as a single agent in patients with metastatic bladder cancer. It is also an effective agent and will most likely be used in combination regimens. Paclitaxel is effective as a single-agent regimen (250 mg/m² intravenously over 24 hours) and also appears effective in a lower dose as part of a chemoradiotherapy combined modality regimen.

Combination chemotherapy regimens of methotrexate, vinblastine, doxorubicin, and cisplatin (M-VAC) and cisplatin, methotrexate, and vinblastine (CMV) remain the gold standard for patients with advanced bladder cancer. A novel, non-cisplatin containing regimen, which appears equal to M-VAC with less toxicity, is vinblastine, ifosfamide, and gallium nitrate. Phase III trials comparing the two regimens remain to be performed. Other combination modalities which show promise include protracted intravenous infusions of cisplatin and 5-fluorouracil during hyperfractionated radiotherapy and combined intra-arterial administration of cisplatin and doxorubicin with radiotherapy.

Finally, other entities under development for the treatment of bladder cancer include monoclonal antibodies (C225, anti-EGFR chimeric Mab, ImClone Systems), biologic markers (bromodeoxyuridine, NCI, Neopharm), and cell sensitizers (etanidazole, Roberts Pharmaceutical).

Ongoing Research

Angiogenesis and Antiangiogenesis Agents

Angiogenesis

Angiogenesis is the development of new blood vessels from those pre-existing. This phenomenon has been linked to tumor growth, invasion, and metastasis as part of a complex process. Several recent reviews outline the mechanisms of tumor angiogenesis as well as formulate strategies for potential clinical application of anti-angiogenic agents under investigation.[1,2,3]

The factors responsible for a change from cell homeostasis to activated tumor angiogenesis are not completely understood. The balance of proangiogenic and antiangiogenic factors is important in maintaining tumor dormancy. In the quiescent state, the rate of cell apoptosis balances that of proliferation. Acquisition of the angiogenic phenotype leads to a decrease in the apoptotic rate of tumor cells. This shifts the balance in favor of

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proliferation: One possible mechanism for acquiring the angiogenic phenotype may involve a change of a tumor suppressor gene with a subsequent decreased production of an angiogenic inhibitor. As an example, the p53 gene controls the synthesis of thrombospondin – 1 (TSP-1), a potent inhibitor of angiogenesis. Loss of p53 gene function through mutation is associated with diminished expression of TSP-1 as well as an ensuing switch to the angiogenic phenotype.

In addition, the process of angiogenesis requires the direct interaction of endothelial cells with their surrounding matrix. The microvascular endothelial cells release "angiogenic polypeptides" (e.g., basic fibroblast growth factor (bFGF), vascular endothelial growth factor (VEGF), and interleukin-8 (IL-8)). These endogenous polypeptides have demonstrated activity to promote tumor growth and migration. As well, matrix metalloproteins (MMPs) facilitate migration of endothelial cells and tumor cells through tissue extracellular matrix by breaking down the tissue matrix surrounding the growing tumor and vessels. Therefore, the presence and activity of MMPs is required for both angiogenesis and metastasis. VEGFs, VEGF receptors, and MMPs are significantly "up-regulated" in several tumors but not in normal tissue, suggesting their importance for tumor-associated angiogenesis.

There is increasing evidence linking the degree of angiogenesis in the primary tumor to the risk of developing metastatic disease (as well as disease-free and overall survival). For example, there is a significant correlation between the degree of primary tumor neovascularization (as measured by the number of vessels per microscopic field) in primary breast cancer surgical specimens and the subsequent development of metastatic disease. In several tumor types, microvessel density of the primary tumor correlated positively with the propensity for metastasis, recurrence, or negative survival outcomes. Interestingly, the shedding of tumor cells into the systemic circulation is quantitatively related to the surface area of tumor vessels. This finding may explain why tumors with high angiogenic indices correlate with an increased risk of metastasis and decreased survival.

Antiangiogenesis and Therapy

In order to evaluate tumor states, prognosis, and potential anti-angiogenic agents, reliable markers or indices of angiogenesis are needed. Examples might include measuring tissue blood flow, measuring changes in tumor metabolism (e.g., via positron emission tomography), measuring vascular density (via magnetic resonance imaging), or serum or urine polypeptide levels (e.g., VEGF or bFGF). A reliable measure has yet to be developed despite reports of some correlations.

Strategies for antiangiogenic therapy are similar in that the agents affect a specific component of the angiogenesis pathway or affect pre-existing tumor vasculature. Most antiangiogenic agents currently in clinical trials interfere with the response of endothelial cells to endogenous angiogenic polypeptides. Some agents inhibit the activity of MMPs (MMPIs). The remaining agents either inhibit tumor neovascularization or destroy tumor neovasculature directly ("targeted therapy").

TNP – 470 (AGM-1470)

TNP-470 is more potent and less toxic than a previous analog, fumgillin. It inhibits *in vivo* growth of several murine tumors and human xenografts and is currently in phase I trials in patients with Kaposi's sarcoma and early phase II trials in patients with solid tumors including central nervous system (CNS) tumors. Early reports demonstrate the drug is well-tolerated. Reversible cerebellar toxicity is the dose-limiting adverse effect.

Platelet Factor 4 (PF4)

PF4 is a naturally occurring agent with potent antiangiogenic activity. It inhibits both endothelial cell proliferation and migration by binding to glycosaminoglycans, thus preventing bFGF from binding to its receptor. Today, it is in phase I trials in patients with solid tumors and Kaposi's sarcoma. Also, a phase II trial investigates its intratumoral administration in patients with primary brain tumors. Toxicities are mild and include local injection site reactions, mild phlebitis, fatigue, and anemia.

Tecogalan (DS4152, SP-PG)

Tecogalan is a sulfated polysaccharide peptidoglycan complex derived from a cell wall polysaccharide of *Arthrobacter Sp.* It demonstrates *in vitro* inhibition of endothelial cell growth and *in vivo* antitumor effects against both murine tumors and human xenografts. Phase I clinical trials are ongoing using tecogalan in patients with solid tumors. Its dose-limiting toxicity is anticoagulation (increased PTT); other reported adverse effects are fever and rigors.

Thalidomide

Despite its well-known embryotoxic effects, thalidomide has useful immunomodulatory activity. It has recently been shown to have potent antiangiogenic properties and is being investigationally studied for patients with various malignancies including Kaposi's sarcoma, breast cancer, prostate cancer, and primary brain tumors.

Batimastat (BB-94)

This agent inhibits the activity of MMPs (MMPI). Phase I trials are currently underway; however, its intraperitoneal and intrapleural routes of administration limit its utility.

Marimastat (BB2516)

Marimastat is an MMPI that can be administered orally. Currently, patients with prostate, ovarian, and pancreatic cancers are being enrolled in phase I studies investigating this agent. Adverse effects reported include joint and muscle pain and stiffness. Tumor markers such as PSA, CA-125, and CA 19-9 have been affected positively in approximately half the patients treated with marimastat.

CM101

Unlike the previous agents, CM101 has antiangiogenic properties with inhibitory effects on established tumor neovasculature. It is a group B Streptococcus polysaccharide which binds preferentially to capillary endothelium. Subsequently, vascular and cellular inflammatory reactions with the tumor vessels occur. Several

Continued on the following page

ONCOLOGY DRUG UPDATES

endogenous cytokines (TNF - α, MIP - 1α, IL-6, IL-8, and IL-10) increase systemically following CM101 administration. Phase I studies in Kaposi's sarcoma patients are planned.

Interleukin-12 (IL-12)

IL-12 has potent anti-angiogenic activity mediated by induction of interferon-g (INF-γ). The latter induces a protein (IP-10), which is a potent inhibitor of angiogenesis *in vivo*. In addition, IL-12 enhances proliferation of activated T and natural killer (NK) cells. Phase I and II clinical trials involving IL-12 are ongoing in Kaposi's sarcoma patients. Both its direct antitumor and antiangiogenic activities are being investigated.

Antiangiogenic drugs may not cause tumor regression, but rather inhibit growth of the invading edge of the tumor (i.e., cytostatic). Utilization of these agents will most likely be in combination with a cytotoxic chemotherapeutic agent or with another modality such as radiation therapy. Since anti-angiogenic agents appear to be more effective against a smaller tumor, early application (i.e., small volume disease) may prove to be useful. Their use in patients with advanced or metastatic disease should also be considered in combination with salvage chemotherapy.

References:

Pluda JM. *Sem. Oncol.* 1997; 24 (2): 203-18.

Harris AL, *Lancet* 1997; 349 (Supp2): 13-15.

Saclarides TJ, *Surg Clin. North Am.* 1997; 77 (1): 253-60.

Sourcebook Update — Fall/Winter 1997/98 Product And Pricing Changes

920-100	Rocephin	Ceftriaxone Sodium, powder	500 mg	$21.80	▲
920-110	Rocephin	Ceftriaxone Sodium, powder	1000 mg	$37.30	▲
920-120	Rocephin	Ceftriaxone Sodium, powder	2000 mg	$74.10	▲
920-210	Vistide	Cidofovir, injection, (75 mg/5ml)	5 ml	$651.50	▲
900-250	Anzemet	Dolasetron, solution	100 mg	$70.00	NEW
970-300	Anzemet	Dolasetron, tablets, 5/PK	100 mg	$289.75	NEW
970-305	Anzemet	Dolasetron, tablets, 5/BTL	100 mg	$289.75	NEW
970-310	Anzemet	Dolasetron, tablets, 10/BTL	100 mg	$579.50	NEW
840-150	Romazicon	Flumazenil, solution (0.1mg/ml) (X10)	0.5 mg MDV	$31.00	▲
840-160	Romazicon	Flumazenil, solution (0.1 mg/ml) (X10)	1 mg MDV	$49.30	▲
800-902	Gemzar	Gemcitabine HCl	200 mg	$66.05	▲
800-910	Gemzar	Gemcitabine HCl	1 g	$330.15	▲
902-300	Idamycin	Idarubicin HCl, powder	5 mg	$267.00	▲
902-310	Idamycin	Idarubicin HCl, powder	10 mg	$534.00	▲
847-010	Gammar P	Immune Globulin IV 5%	1 gm	$30.75	▲
847-025	Gammar P	Immune Globulin IV 5%	2.5 gm	$96.00	▲
847-050	Gammar P	Immune Globulin IV 5%	5 gm	$192.00	▲
847-100	Gammar P	Immune Globulin IV 5%	10 gm	$384.00	▲
220-405	Infergen	Interferon alfacon-1 9 mcg (X6)	0.3 ml	$31.95	NEW
220-400	Infergen	Interferon alfacon-1 15 mcg (X6)	0.5 ml	$53.25	NEW
901-292	Camptosar	Irinotecan HCl (20 mg/ml)	2 ml	$171.50	NEW
240-100	Abbott	Leucovorin Calcium Predilute (10 mg/ml)	10 ml	$4.00	NEW
240-250	Abbott	Leucovorin Calcium Predilute (10 mg/ml)	25 ml	$10.00	NEW
960-000	IV Alkeran	Melphalan HCl, powder	50 mg	$299.00	▲
960-010	Alkeran	Melphalan HCl, tablets, 2 mg	50 per bottle	$87.00	▲
910-100	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	2.5 ml	$102.00	▲
910-110	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	10 ml	$384.00	▲
840-550	A-methaPred	Methylprednisolone Sod. Succ. w/1 ml diluent (x10)	40 mg	$2.45	▲
840-555	A-methaPred	Methylprednisolone Sod. Succ. w/2 ml diluent (x10)	125 mg	$4.70	▲
840-560	A-methaPred	Methylprednisolone Sod. Succ. w/4 ml diluent (x10)	500 mg	$10.00	▲
840-565	A-methaPred	Methylprednisolone Sod. Succ. w/8 ml diluent (x10)	1000 mg	$17.80	▲
960-300	Versed	Midazolam, solution (1mg/ml), C-IV	2 mg	$48.00	▲
960-310	Versed	Midazolam, solution (5mg/ml), C-IV	5 mg	$105.50	▲
222-200	Neumega	Oprelvekin, powder	5 mg	$192.55	NEW
222-207	Neumega	Oprelvekin, powder (x7)	5 mg	$192.55	NEW
900-400	Taxol	Paclitaxel, solution (6 mg/ml)	30 mg MDV	$140.26	Catalog # Change
900-450	Taxol	Paclitaxel, solution (6 mg/ml)	100 mg MDV	$467.53	
841-635	Compazine	Prochlorperazine, solution (5 mg/ml)	10 ml MDV	$30.50	▲ Cat# change
223-700	Rituxan	Rituximab, solution	100 mg	$338.25	NEW
223-710	Rituxan	Rituximab, solution	500 mg	$1,690.75	NEW
202-400	Zanosar	Streptozocin, powder	1 g	$75.00	▲
901-285	Hycamtin	Topotecan HCl, lyophilized powder (single vials)	4 mg	$443.00	▲
901-280	Hycamtin	Topotecan HCl, lyophilized powder (x5)	4 mg	$443.00	▲

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

Average Wholesale Prices and 1998 HCPCS Codes

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1997 Red Book* and the *January 1998 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Proleukin®					
Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	442.00	J9015	per 22 MIU
Ethyol®					
• Amifostine	500 mg	17314-7253-03	322.92	J0207	per 500 mg
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
Carboplatin, pwd	50 mg	00015-3213-30	93.46	J9045	per 50 mg
	150 mg	00015-3214-30	280.33	J9045	per 50 mg
	450 mg	00015-3215-30	840.99	J9045	per 50 mg
BiCNU®					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	92.94	J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol®-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	195.00	J9062	per 50 mg
	100 mg MDV	00015-3221-22	389.98	J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	496.80	J9065	per 1 mg
Cytoxan® Lyophilized					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	181.03	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	332.21	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,164.15	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.99	J9110	per 500 mg
DTIC-Dome®					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome®					
Daunorubicin citrate liposome inj. (1 mg/mL)	50 mg	56146-0301-01	287.50	J9999*/J3490*	per 50 mg
Cerubidine®					
Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP®					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	25.64	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard™					
• Dexrazoxane for injection	250 mg	00013-8715-62	152.39	J1190	per 250 mg
•	500 mg	00013-8725-89	304.76	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	21.97	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	10.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.67	J1200	up to 50 mg
Taxotere®					
• Docetaxel for injection	20 mg	00075-8001-20	257.92	J9170	per 20 mg
•	80 mg	00075-8001-80	1,031.68	J9170	per 20 mg

ONCOLOGY THERAPEUTICS NETWORK

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Anzemet®					
•Dolasetron mesylate, sol (20 mg/mL)	5 mL	00088-1206-32	149.88	J3490*	per 100 mg
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™					
•Doxorubicin, RDF pwd	10 mg	00013-1086-91	48.76	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
•	50 mg	00013-1106-79	243.80	J9000	per 10 mg
•	150 mg MDV	00013-1116-83	716.76	J9000	per 10 mg
•Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	51.21	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
•	50 mg	00013-1156-79	256.06	J9000	per 10 mg
•	75 mg	00013-1176-87	384.09	J9000	per 10 mg
	200 mg MDV	00013-1166-83	946.94	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136†	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136†	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136†	1,000 units
	10,000 units/ mL	59676-0310-01	117.96	Q0136†	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	235.92	Q0136†	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	235.92	Q0136†	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	785.43	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	196.50	J9185	per 50 mg
Fluprouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
•	2,500 mg	00013-1046-94	13.25	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
•Gemcitabine HCl	200 mg	00002-7501-01	69.39	J9201	per 20 mg
•Gemcitabine HCl	1 g	00002-7502-01	346.94	J9201	per 20 mg
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	117.79	J2820	per 50 mcg
•	500 mcg	58406-0050-30	235.58	J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	410.51	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,231.53	J9202	per 3.6 mg
Kytril®					
•Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	177.40	J1626	per 100 mcg
•	4 mL	00029-4152-01	709.60	J1626	per 100 mcg
Ifex®					
Ifosfamide	1 g	00015-0556-41	119.85	J9208	per 1 g
	3 g	00015-0557-41	359.55	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,094.91	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,256.88	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	866.96	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
	10 g	52769-0471-80	580.00	J1561 or J1562	
Rho D Immune globulin intravenous	300 mcg	60492-0082-01	306.00	J3490*/J9999*	
Intron® A					
Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	33.92	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	33.92	J9214	per 1 MIU
	5 MIU	00085-1191-01	56.52	J9214	per 1 MIU
	5 MIU PAK	00085-1191-02	56.52	J9214	per 1 MIU
	10 MIU	00085-1179-01	113.04	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1168-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	282.62	J9214	per 1 MIU
Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	33.92	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	56.52	J9214	per 1 MIU
	10 MIU MDV	00085-0571-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	282.62	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	565.21	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	33.94	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	95.55	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	203.48	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	407.00	J9213	per 3 MIU
Camptosar®					
NEW • Irinotecan HCl injection, CPT-11 (20 mg/mL)	2 mL	00009-7529-02	204.41	J9206	per 20 mg
	5 mL	00009-7529-01	511.04	J9206	per 20 mg
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	540.63	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,621.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.05	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	123.19		
Alkeran®					
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	296.99	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	84.77	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	162.71	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Novantrone®					
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	720.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	900.03	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,080.05	J9293	per 5 mg
Sandostatin®					
Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
Zofran®					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	206.41	J2405*	per 1 mg
Neumega®					
NEW • Oprelvekin	5 mg	58394-0004-01	235.00	J3490†	per 5 mg
TAXOL®					
• Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-30	182.63	J9265	per 30 mg
•	100 mg	00015-3476-30	608.76	J9265	per 30 mg
Aredia®					
Pamidronate disodium, pwd	30 mg	00083-2601-04	207.26	J2430	per 30 mg
	60 mg	00083-2606-01	408.54	J2430	per 30 mg
	90 mg	00083-2609-01	597.84	J2430	per 30 mg
Nipent™					
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac®					
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Rituxan™					
NEW • Rituximab	100 mg	50242-0051-21	397.50	J3490†	per 100 mg
Zanosar®					
Streptozocin, pwd	1 g	00009-0844-01	74.35	J9320	per 1 g
Vumon®					
• Teniposide, 50 mg	5 mL amp	00015-3075-19	175.74	J9999*	per 50 mg
Thioplex®					
Thiotepa, pwd	15 mg	58406-0661-02	83.94	J9340	per 15 mg
Hycamtin™					
• Topotecan HCl lyoph pwd	4 mg	00007-4201-01	529.30	J9350	per 4 mg
•	4 mg, 5s	00007-4201-05	2,646.50	J9350	per 4 mg
Neutrexin®					
Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	608.40	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	2,610.00	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6113-01	53.64	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	93.54	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
NAVELBINE®					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	64.71	J9390	per 10 mg
	5 mL	00173-0656-44	323.56	J9390	per 10 mg

• • An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

+ J2405 should be used for all formulations of Zofran.

Convention Calendar for 1998

Don't forget to mark your calendar for the 1998 conventions! This is an excellent opportunity to meet your OTN representative. OTN will attend the ONS convention in San Francisco and will exhibit at AOHA in St. Louis and ASCO in Los Angeles. Contact your account representative to arrange a meeting with one of the OTN representatives attending the conventions, or stop by our booth at AOHA and ASCO.

Administrators in Oncology/ Hematology Assembly (AOHA)
April 22-24, 1998
St. Louis, MO

Oncology Nursing Society (ONS)
May 7-10, 1998
San Francisco, CA

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ONCOLOGY THERAPEUTICS NETWORK

395 OYSTER POINT BLVD, SUITE 405
SOUTH SAN FRANCISCO, CA 94080

10A

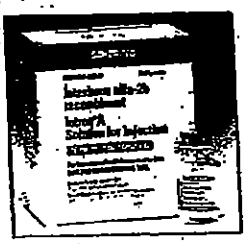
BP 01106

ONCOLOGY THERAPEUTICS NETWORK

Schering®

Intron® A — HSA-Free —and— Original Formulation

"interferon alfa-2b, recombinant"



OTN offers Intron A in the following sizes and formulations:

HSA-FREE SOLUTION*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$30.40
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$50.70
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$101.30
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$182.40
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$253.15

HSA-FREE SOLUTION PAKS*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$30.40
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$50.70
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$101.30

Paks include six vials, six syringes, and six alcohol swabs

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

ORIGINAL FORMULATIONS**

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-150	0085-0647-03	J9214	Intron A powder	3 MIU/MDV	1	$30.40
220-160	0085-0120-02	J9214	Intron A powder	5 MIU/MDV	1	$50.70
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	$101.30
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	$253.15
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$182.40
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$506.70

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

Intron A Dosing Guide

INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
Chronic hepatitis C	3 MIU SC or IM TIW	3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	30 - 35 MIU/ week SC or IM (5 MIU qd or 10 MIU TIW x 16 weeks)	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10
Malignant melanoma	*Induction:* 20 MIU/m² IV 5 consecutive days/week x 4 weeks Maintenance: 10 MIU/m² TIW SC x 48 weeks	50 MIU powder/1.0 mL 18 MIU powder/1.0 mL
Hairy-cell leukemia	2 MIU/ m² SC or 1 MIU TIW	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	30 MIU/m² SC or IM TIW	50 MIU/1.0 mL powder
Condylomata acuminata	1 MIU TIW (alternate days) x 3 weeks	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

The Network News is distributed by Oncology Therapeutics Network Corporation.

Comments and suggestions are welcome. Address them to: Stasia Lord, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405, So. San Francisco, CA 94080.

Printed on recycled paper.

ONCOLOGY THERAPEUTICS NETWORK

FARESTON® (toremifene citrate) 60 mg Tablets

From Schering

Schering®

Indication and Usage:

FARESTON is indicated for the treatment of metastatic breast cancer in postmenopausal women with estrogen-receptor positive or unknown tumors.

Description:

FARESTON (toremifene citrate) tablets for oral administration each contain 88.5 mg of toremifene citrate, which is equivalent to 60 mg toremifene. FARESTON is a nonsteroidal antiestrogen. FARESTON is available only as tablets for oral administration.

Dosage and Administration:

The dosage of FARESTON is 60 mg, once daily, orally. Treatment is generally continued until disease progression is observed.

Reimbursement Information

Please contact Schering's COMMITMENT TO CARE℠ Program at 1-800-521-7157 for reimbursement and product information.

FARESTON Tablets

CATALOG NUMBER	NDC	UNIT SIZE	ORDER QTY	PRICE/UNIT	AWP
970-860	0085-1126-01	60 mg	30 tablets	$85.75	$97.26
970-861	0085-1126-02	60 mg	100 tablets	$285.65	$324.20

Schering-Plough Announces

FDA Clearance of Intron® A for Non-Hodgkin's Lymphoma

Schering®

Madison, NJ, November 10, 1997

Schering-Plough Corporation announced marketing clearance by the US Food and Drug Administration of Intron A for injection in conjunction with anthracycline-containing combination chemotherapy for the initial treatment of patients with clinically aggressive non-Hodgkin's lymphoma, a cancer of the lymphatic system. Intron A is the first and only biologic agent that has been shown to significantly prolong progression-free survival in previously untreated patients with follicular lymphoma.

Recommended dosing:

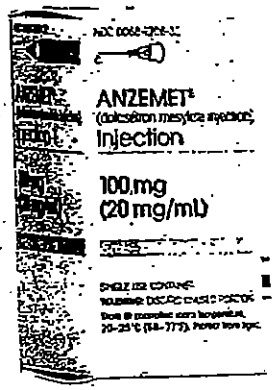
5 MIU TIW SC up to 18 months in conjunction with chemotherapy regimen.

BP 01108 10A

ONCOLOGY THERAPEUTICS NETWORK

Anzemet®
dolasetron mesylate
A New 5-HT$_3$ Receptor Antagonist
from Hoechst Marion Roussel

Excellent Efficacy and Safety Profile



Dolasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- **Anzemet Injection** is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high-dose cisplatin.
- **Anzemet Tablets** are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.

For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QUANTITY	PRICE/ UNIT	AWP
900-250	0088-1206-32	Anzemet	dolasetron mesylate	100 mg vial	1	$70.00	$149.88
970-300	0088-1203-05	Anzemet	dolasetron mesylate	100 mg tablets	5	$289.75	$330.00
970-305	0088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets, blister pack	5	$289.75	$330.00
970-310	0088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10	$579.50	$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

Call OTN today at 1-800-482-6700 to place your order!

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BP 01109

Community Oncology TAXOL® (Paclitaxel) and Paraplatin® (Carboplatin)

Reimbursement Guarantee Program

Background

Obtaining reimbursement for chemotherapy drugs is often a time-consuming and laborious task. To relieve your practice from this insurer "hassle factor," Bristol-Myers Squibb Oncology (BMSO) has developed a preauthorization service that is available to you free of charge, called ProCERT. The program is available for TAXOL Injection and Paraplatin and offers a drug replacement guarantee for qualifying unreimbursed claims.

Objective

The goal of ProCERT is to assist community physicians in offering the best available treatment to their cancer patients. ProCERT significantly reduces the financial risk of providing TAXOL or Paraplatin therapy.

The Service

When a patient is a candidate for TAXOL or Paraplatin therapy and insurance coverage is uncertain, call ProCERT. ProCERT will collect all the pertinent patient-payer information and literature support, and then act as your agent to obtain preauthorization for the treatment plan from the insurer. If the treatment plan is approved, ProCERT will inform your practice of the approval and any billing/coding requirements necessary. If the preauthorization is denied, ProCERT will formulate an appeal to gain a reversal. If unsuccessful, the TAXOL or Paraplatin and any other BMSO product used with it will be replaced for the patient. Free drugs will also be provided for subsequent cycles to complete the full course of therapy. The replacement TAXOL or Paraplatin will be shipped along with a no-charge invoice. If the drug is subsequently reimbursed by the insurer, then the no-charge invoice will become a charge invoice for payment. This will protect you from any potential implications of insurance fraud.

Program Qualification

Replacement TAXOL and Paraplatin is provided to community oncology practices through Oncology Therapeutics Network (OTN). You will therefore need to have an open account with OTN.

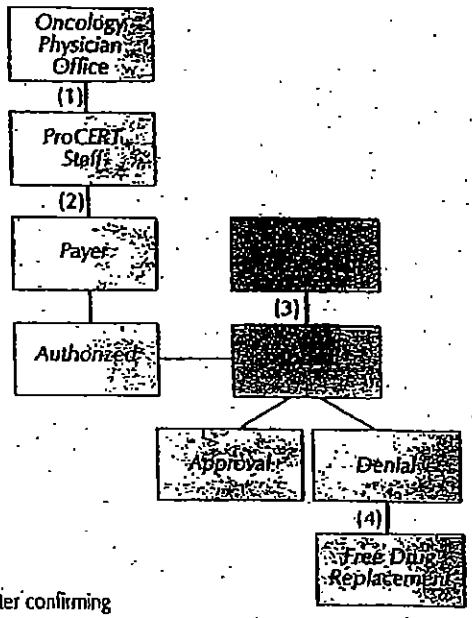
Process

(1) ◆ Physician office calls ProCERT for preauthorization of the TAXOL or Paraplatin treatment plan
◆ Physician office provides pertinent patient-payer information to ProCERT

(2) ◆ ProCERT staff contacts payer to determine patient eligibility, preexisting conditions, limitations, benefits, and preauthorization
◆ ProCERT advises physician of status within one business day

(3) ◆ ProCERT will pursue all available levels of appeal if the payer denies benefits for TAXOL or Paraplatin

(4) ◆ ProCERT (in conjunction with BMSO) authorizes free replacement of TAXOL or Paraplatin after confirming levels of appeals have been denied



Exclusions

◆ Uses for which supporting literature cannot be found and/or a letter of medical necessity cannot be provided
◆ ProCERT does not negotiate payer payment levels
◆ If physician subsequently receives reimbursement from a payer, the no-charge invoice becomes a charge invoice for payment to OTN
◆ Uninsured patient who may qualify for the Bristol-Myers Squibb Oncology Access Program

For more information, call 1-888-ProCERT

ProCERT

10A

BP 01110

ONCOLOGY THERAPEUTICS NETWORK

Save 1% or 2% on All Orders!

OTN is the Only Oncology Distributor to Offer All Customers a Choice of Payment Terms

Whether you want to pay early and receive a 1% or 2% discount, extend your payment terms, or pay by credit card, OTN meets the needs of your practice. Customers may choose one of the following four options for all of their orders:

1% 30, Net 60 Days

Receive a 1% discount on all purchases if your invoices are paid within 30 days, or extend payment for up to 60 days from date of invoice.

2% Upon Receipt of Order

Set up an electronic direct-debit account with OTN and receive a 2% discount on all purchases for payment made upon receipt of order.

Net 75 Days

Extend payment up to 75 days from date of invoice without incurring finance charges.

Credit Card, Upon Receipt of Order

Pay by American Express,® Visa® or Mastercard® at the time of order to reap the benefits of using your particular card.

Contact your account representative today to start saving with OTN's Early Pay Discount Terms.

Early Pay Discount Example

A practice that purchases $50,000 per month in oncology drugs and supplies can save up to $12,000 per year with OTN.

Purchases	1% Discount Savings Per		2% Discount Savings Per	
	Month	Year	Month	Year
$50,000	$500	$6,000	$1,000	$12,000

Now Available!

OTN Now Has Non-DEHP IV Administration Sets in Stock

OTN is proud to announce the introduction of a non-DEHP IV administration set under OTN's own label. This product was formerly sold under the SoloPak label.

This all-inclusive, vented set incorporates non-DEHP tubing with a 0.22 micron filter and is:

✓ Easy-to-use

✓ Cost-effective

CATALOG NUMBER	ITEM	DROPS/ML	TUBING LENGTH	UNIT SIZE	PRICE/ UNIT
573-600	Primary solution set with Non-DEHP tubing and 0.22 micron filter, vented	20	84"	1 each	$3.95

Call OTN today and place your order: 1-800-482-6700

ONCOLOGY THERAPEUTICS NETWORK

NEW from GENETICS INSTITUTE

NEUMEGA® (Oprelvekin)

The first platelet growth factor available for the prevention of severe chemotherapy-induced thrombocytopenia – a reduction in platelets, blood components essential to the body's blood-clotting process.

Neumega is indicated for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies at high risk for severe thrombocytopenia.

In clinical trials, apart from the condition of the underlying disease state, most adverse events associated with Neumega were mild to moderate in severity, associated with fluid retention, and reversible after discontinuation of dosing. The most common adverse events associated with Neumega treatment included peripheral edema, dyspnea, tachycardia, and conjunctival redness.

Convenient

- ✓ Easy to prepare, easy to inject
- ✓ Easy-to-store boxes
- ✓ No preservatives and free of human/animal blood or plasma products

Excellent Support

- ✓ Supported by a highly trained Genetics Institute oncology sales force
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ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

Rho(D) Immune Globulin Intravenous (WinRho (D) SDF,™ NABI) for Immune Thrombocytopenic Purpura

Immune thrombocytopenic purpura (ITP), also known as idiopathic thrombocytopenic purpura, is an autoimmune disorder caused by anti-platelet autoantibodies, leading to platelet destruction by the reticuloendothelial system. Chronic ITP is more common in adults than children and both syndromes are diagnosed by exclusion, after ruling out other types of immune thrombocytopenia. ITP is a relatively common disorder, with an incidence of approximately 58-66 new cases per million persons per year and with a mortality rate of approximately 4%. In many cases, particularly uncomplicated acute ITP in children, care is provided by family practitioners or general internists who have experience in this area. More difficult cases, including those involving active bleeding and/or in patients who have failed frontline therapy, require the expertise of a hematologist or oncologist. Although corticosteroid treatment, in many cases followed by splenectomy, is considered standard therapy, there are a number of other therapies that have been employed for this disease. Minute details of each type of treatment are beyond the scope of this article, but do include glucocorticoids such as prednisone or dexamethasone, vincristine, danazol, colchicine, dapsone, cyclophosphamide, azathioprine, high-dose cyclophosphamide, combination chemotherapy with cyclophosphamide-prednisone-etoposide, interferon, cyclosporine, and immune globulin intravenous, IGIV. Despite the relatively common incidence of this disorder, there is a lack of well-conducted clinical trials comparing various treatment modalities. This problem was underscored by the recent attempt by the American Society of Hematology to establish firm, scientifically based treatment guidelines for treatment of ITP.[1-4] Due to the lack of rigorous scientific trials, the guideline's development panel was required to generate suggested guidelines based on the expertise of the panel members and their assessment of the numerous case-control trials present in the literature. The guidelines themselves are far too lengthy to describe here, but they have been published in both complete and abridged form and are readily available for review by interested readers.[1-4] Frequently mentioned in these guidelines, especially for severe cases in patients actively bleeding and/or about to undergo splenectomy, is the use of IGIV. Although expensive, logistically complicated, and not without risk of infectious complications—concerns common to blood products in general—IGIV is now frequently used for ITP, especially in adults.

Use of IGIV for ITP is currently made more difficult by the ongoing nationwide shortage of commercial availability. Factors contributing to this shortage include increased use of IGIV for various disorders, production delays among the six manufacturers, and multiple recalls of various brands of IGIV in the past year due to concerns about possible contamination by donors thought to be suffering from Creutzfeldt-Jakob disease (CJD). One type of intravenous immunoglobulin not in short supply is Rho (D) Immune Globulin Intravenous (WinRho (D) SDF, NABI). WinRho is a sterile, freeze-dried, gamma globulin (IgG) fraction containing antibodies to Rho (D), manufactured with a special solvent detergent treatment step (using tri-n-butyl phosphate and Triton X-100) that is effective in inactivating lipid-enveloped viruses such as hepatitis B, hepatitis C, and HIV, thus reducing the likelihood of virus transmission. In addition to its well-known use to suppress Rh isoimmunization, it is also FDA-approved for treatment of ITP. WinRho is labeled for the treatment of non-splenectomized Rho (D) positive children with chronic or acute ITP, adults with chronic ITP, children and adults with ITP secondary to HIV infection in clinical situations requiring an increase in platelet count to prevent excessive hemorrhage.

Clinical use of WinRho has been described in a number of papers over the past several years. Comprehensive review of these papers is beyond the scope of this article, but a brief description of several papers follows. Blanchette et al published the results of a multi-center controlled trial comparing WinRho to high-dose and low-dose IGIV and prednisone in 146 children with acute ITP and platelet counts < 20,000/mm³. Of 38 patients receiving WinRho 125 IU (25 mcg) per kg on days 1 and 2, 32 patients (84%) responded with an increase in platelet count equal to or greater than 50,000/mm³ with a mean platelet count of 319,500/mm³ (61,000/mm³-892,000/mm³). Time to reach platelet counts of 20,000/mm³ or 50,000/mm³ were not statistically significantly different between the treatment groups. Bussel et al reported the results of an unblinded single-treatment arm study of 43 non-splenectomized Rh+ patients, 38 of whom had pretreatment platelet counts less than 30,000/mm³.[4] There were 23 adults (14 were HIV+) and 20 children (14 of whom had had ITP for 6 months or longer). WinRho was initially dosed at 10 mcg/kg, followed by 20 mcg/kg/day, during the first week, until the platelet count rose by 20,000/mm³ or the hemoglobin decreased by greater than 2 g/dL. After the first 13 patients, due to lack of response, the dose was increased to 25 mcg/kg on day 1 followed by 25 mcg/kg on days 3 and 4, using the same criteria for cessation of treatment. Maintenance therapy was in single doses of 25-60 mcg/kg (50%-100% of the induction dose) as needed to maintain platelet counts of 20,000/mm³-30,000/mm³. Despite lack of clear correlations between dose of the WinRho and platelet response, platelet increases (to > 20,000/mm³) were seen in 79% (34/43) and therapy was generally well tolerated. Scaradavou et al described results of WinRho therapy in 261 non-splenectomized Rh+ patients treated in open label fashion from June 1987 to December 1994.[5] Of these 161, 43 were patients previously reported in the Bussel trial noted above. There were 124 children and 137 adults who received WinRho for 4-5 days in doses as used in the earlier study. The mean platelet count increase for all 261 patients was 76,000/mm³. A total of 189 (72%) responders had platelet count increases of ≥ 20,000/mm³ and 119 patients (46%) had platelet count increases of ≥ 50,000/mm³. Therapy was generally well tolerated, with 59 adverse events in 1,842 infusions (3.2%). Reactions occurring at least twice included headache, nausea, chills, fever, and dizziness.

Whereas IGIV commonly takes 4-6 hours per infusion, WinRho may be given at a dose of 250 IU (50 mcg) per kg as a 3-5 minute IV push, a much more convenient dosing regimen than IGIV. WinRho must be used cautiously in anemic (Hgb < 10) patients due to its ability to exacerbate anemia. It is contraindicated in patients allergic to it and patients deficient in IgA. This medication should not be administered to Rh(D)-negative or splenectomized individuals.

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